## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16-31-2009.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043 2. DATE SUBMITTED APPLICATION FOR Applicant Identifier January 9, 2009 OXR 09-1 FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION State Applicant Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier NPIAS 3-06-0179-028-2009 Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: County of Ventura Department of Airports Address (give city, county, state, and zip code): Name and telephone number of the person to be contacted on matters involving this application JAN 2 0 2009 Department of Airports Todd McNamee 555 Airport Way (805) 388-4200 Camarillo, CA 93010 EARING HOUSE 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) В 9 5 6 H. Independent School Dist. B. County State Controlled Institution of Higher Learning 8. TYPE OF APPLICATION: C. Municipal Private University D. Township Indian Tribe ⊠ New ☐ Continuation E. Interstate Individual ☐ Revision F. Intermunicipal Profit Organization if Revision, enter appropriate letter(s) in box(es): Special District N. Other (Specify) B. Decrease Award C. Increase Duration A. Increase Award 9. NAME OF FEDERAL AGENCY: D. Decrease Duration Other (specify). Federal Aviation Administration Western Pacific Region 10. CATALOG OF FEDERAL DOMESTIC 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2 0 0 6 ASSISTANCE NUMBER: Rehabilitate Airport Pavement Runway and Taxiways 168K Sq Yds Rehabilitate Airport Pavement Including Drainage, East Ramp Approx. 59K Sq TITLE: Airport Improvement Program Yds (construction) Purchase and installation of Airfield Emergency Generator 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Ventura County 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF: Start Date **Ending Date** a. Applicant b. Project 19 and 21 21 July 2009 July 2010 15. ESTIMATED FUNDING: 16. IS SPPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a. Federal 3,688,484.00 \$ STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. Applicant 194,131.00 \$ DATE c. State \$ 00 PROGRAM IS NOT COVERED BY E.O. 12372 d. Local .00 5 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW e. Other .00 \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income 00 S ⊠ No g. TOTAL Yes If "Yes," attach an explanation. 3,882,615.00 \$ 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Typed Name of Authorized Representative b. Title c. Telephone number

d. Signature of Authorized Representative

Onclose Conclose for

Director of Airports

Todd McNamee

January 9, 2009

(805) 388-4200

e. Date Signed

| APPLICATION FOR  | _                                    |                     |                                   | TA 11 11 11 11 11 11 11 11 11 11 11 11 11 | Version 7/03   |
|--|--------------------------------------|---------------------|-----------------------------------|---|--|
| FEDERAL ASSISTANCE   | FEDERAL ASSISTANCE 2. DATE SUBMITTED |                     | Applicant Identifier 3-06-0030-05 |   |  |
| 1. TYPE OF SUBMISSION: Application                                       | Pre-application                      | 3. DATE RECEIVED BY | STATE                             | State Application Identifier              |  |
| Construction   | Construction                         | 4. DATE RECEIVED BY | FEDERAL AGENCY                    | Federal Identi                            | fier   |
| Non-Construction   | Non-Construction                     |                     |                                   |   |  |
| 5. APPLICANT INFORMATION Legal Name:                                     |                                      |                     | Organizational Unit:              |   |  |
| MONO COUNT   | Υ                                    |                     | Department:                       |   | -  |
| Organizational DUNS:   |                                      |                     | Division:                         | AININO AID                                | DODT   |
| 08-612<br>Address:   | -8832<br>RE                          | CENTED              | 1                                 | E VINING AIR                              | erson to be contacted on matters                                   |
| Street:  | B. Bree                              | CLIVED              | involving this applic             | ation (give are                           |  |
| P.O. BOX 457   |                                      | AN 2 0 2009         | Prefix:                           | First Name:                               | KELLY  |
| City: BRIDGEPORT   | 0.                                   |                     | Middle Name                       |   |  |
| County: MONO   | STATE                                | CLEARING HOUSE      | Last Name<br>GARC                 | Α   |  |
| State: CALIFORNIA  | Zip Code 93517                       |                     | Suffix:                           |   |  |
| Country: USA   |                                      |                     | Email:                            |   |  |
| 6. EMPLOYER IDENTIFICATION   | N NUMBER (EIN):                      |                     | Phone Number (give a              | @mono.ca.gov<br>rea code)                 | Fax Number (give area code)  |
| 95-6005661   |                                      |                     | 760-932-5446                      | )   | 760-932-5441   |
| 8. TYPE OF APPLICATION:  |                                      |                     | 7. TYPE OF APPLICA                | ANT: (See back                            | k of form for Application Types)                                   |
| ☑ Nev  |                                      | n 🛭 Revision        | 1                                 | B. COUNTY                                 |  |
| If Revision, enter appropriate lett<br>(See back of form for description |                                      |                     | Other (specify)                   |   |  |
| Other (specify)  |                                      |                     | 9. NAME OF FEDERA                 |   | ION ADMINISTRATION   |
| 10. CATALOG OF FEDERAL D   | OMESTIC ASSISTANC                    | E NUMBER:           | 11. DESCRIPTIVE TI                |   |  |
|  |                                      | 2 0-1 0 6           |                                   | OT DIN 11 A / A / /                       | T. (0.0  |
| TITLE (Name of Program):   | AIRPORT IMPROVEME                    | bound bound bound   | RECONSTRUCE     INSTALLATIO       |   | CAL IMPROVEMENTS   |
| 12. AREAS AFFECTED BY PR   |                                      |                     | (ADDITIVE AL                      | TERNATIVE)                                |  |
| LEE VINING, MO   | NO COUNTY, EASTERI                   | N CALIFORNIA        |                                   |   |  |
| 13. PROPOSED PROJECT   | F-di Data                            |                     | 14. CONGRESSION A                 | L DISTRICTS                               |  |
| Start Date:<br>MAY 2009  | Ending Date:<br>OCTOBER              | R 2009              | a. Applicant 25th                 |   | b. Project<br>25th   |
| 15. ESTIMATED FUNDING:   |                                      |                     | ODDED 42272 DDOC                  | 2000                                      | REVIEW BY STATE EXECUTIVE  |
| a. Federal \$  |                                      | 4,360,500           | THIS PRE                          | APPLIC ATION                              | ATE EXECUTIVE ORDER 12372  |
| b. Applicant \$  |                                      | 229,500             | AVAILADI                          | S FOR REVIEW                              | ATE EXECUTIVE ONDER 12372  |
| c. State \$  | <del></del>                          | 229,500             | DATE:                             |   |  |
| d. Local \$  |                                      | .00                 | PROGRA                            | M IS NOT COV                              | ERED BY E. O. 12372  |
| e. Other \$  |                                      | 00                  | D. NO. U.J                        |   | T BEEN SELECTED BY STATE   |
| f. Program Income \$   |                                      | 00                  | FOR REV                           |   | NT ON ANY FEDERAL DEBT?  |
| g. TOTAL \$  |                                      | 4 500 000           | Yes If "Yes" attach               | an explanation                            | . Ø No   |
| 18. TO THE BEST OF MY KNO<br>DOCUMENT HAS BEEN DULY                      | AUTHORIZED BY THE                    | GOVERNING BODY OF 1 | LICATION/PREAPPLIC                | CATION ARE T                              | RUE AND CORRECT. THE   |
| a. Authorized Representative   |                                      | WAKDED.             |                                   |   |  |
| Prefix   | First Name KELLY                     |                     | Middle                            | Name                                      |  |
| Last Name<br>GARCIA  |                                      |                     | Suffix                            | Ŷ <u>.</u>                                |  |
| b. Title ASSISTANT É   | /<br>DIRECTOR OF PUBLIC Y            | WORKS               | c. Telep                          | hone Number<br>760-932-54                 |  |
| d. Signature of Authorized Repre   | sentative (1)                        | erce                | e. Date                           | Signed                                    | Jarcid 2/09  |
| Previous Edition Usable TAuthorized for Local Reproductio                | , — J                                |                     |                                   | -//                                       | Standard Form 424 (Rev.9-2003)<br>Prescribed by OMB Circular A-102 |

| APPLICATION FOR  |               |   | 2. DATE SUBMITTED  |   | Applicant Idei                          | Version 7/                        | 03  |
|--|---------------|---|--|---|---|-----------------------------------|-----|
| TEDERAL AGGIOTANGE   |               |   |  |   |   | 3-06-0030-05                      | _   |
| 1. TYPE OF SUBMISSION: Application   | Pre-applicati | on  | 3. DATE RECEIVED B   | YSTATE  | State Applica                           |                                   |     |
| Construction   | Construc      |   | 4. DATE RECEIVED B   | Y FEDERAL AGENCY  | Federal Identi                          | ifier                             |     |
| Non-Construction 5. APPLICANT INFORMATION  | Non-Cons      | truction                                    |  |   |   |                                   |     |
| 5. APPLICANT INFORMATION<br>Legal Name:  | <del>-</del>  |   |  | Organizational Un   | it:                                     |                                   | -   |
| MONO COUNT   | Y             | and the control of the second of the second | PRODUCTION STOPP MADE IN TURBUS STORY  | Department:   |   |                                   |     |
| Organizational DUNS: 08-61   | 2-8832        | RE  | CEIVED   | Division:   | ANT FIELD AIRF                          | PORT                              |     |
| Address:   |               |   |  |   |   | erson to be contacted on matters  | ;   |
| Street:  | 1             | JAI   | N 2 0 2009   | involving this app  | 1 00 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ea code)                          |     |
| P.O. BOX 457   |               |   |  | Prefix:   | First Name:<br>KELLY                    |                                   |     |
| City:<br>BRIDGEPORT  | 18            | STATE C                                     | LEARING HOUSE  | Middle Name   |   |                                   |     |
| County:<br>MONO  | America       | Co. Series and Section Series               |  | Last Name<br>GAR  | RCIA                                    |                                   |     |
| State: CA  | Zip Code      | 3517  |  | Suffix:   |   |                                   | _   |
| Country: USA   |               |   |  | Email:  |   |                                   | _   |
| 6. EMPLOYER IDENTIFICATIO  | N NUMBER (E   | ΞΙΝ):                                       | words and the second second  | Phone Number (give  | e area code)                            | Fax Number (give area code)       | _   |
| 9 5 - 6 0 0 5 6 6 1  |               | -   |  | 760-932-5446 760-932-5441   |   |                                   |     |
| 8. TYPE OF APPLICATION:  |               |   | Allow the second | 7. TYPE OF APPLI  | CANT: (See bac                          | k of form for Application Types)  |     |
| ☑ Nev  |               | ntinuation                                  | n Revision   |   | B. COUNTY                               | <i>(</i>                          |     |
| f Revision, enter appropriate lett<br>See back of form for description   |               | )   |  | Other (specify)   |   |                                   |     |
| See to the second seed to reduce the see to the second seed to see the second seed to second see the second seed to see the second seed t |               |   |  |   |   |                                   |     |
| Other (specify)  |               |   |  | 9. NAME OF FEDE   |   | ION ADMINISTRATION                |     |
| 10. CATALOG OF FEDERAL D   | OMESTIC AS    | SISTANC                                     | E NUMBER:  | 11. DESCRIPTIVE   | TITLE OF APPLI                          | CANT'S PROJECT:                   | Ī   |
|  |               |   | 2 0 - 1 0 6  |   |   | - CONSTRUCTION                    |     |
| TITLE (Name of Program):   | AIRPORT IM    | PROVEME                                     | ENT PROGRAM  | 2. CONSTRUCT RUNWAY/TAXIWAY CONNECTOR - CONSTRUCTION  |   |                                   |     |
| 12. AREAS AFFECTED BY PRO  |               |   |  | AND THE RESIDENCE OF THE PARTY | Y RUNWAY - CO                           |                                   | i   |
| BRIDGEPORT, MONO   |               |   |  | 4. OVERLA   | T PARALLEL TA                           | XIWAY - CONSTRUCTION              |     |
| 13. PROPOSED PROJECT   |               |   |  | 14. CONGRESSION   | NAL DISTRICTS                           | OF:                               |     |
| Start Date:<br>MAY 2009  | Ending Date   |   | EMBER 2009   | a. Applicant  | th                                      | b. Project<br>25th                |     |
| 15. ESTIMATED FUNDING:   |               | OLI II                                      | LIMBER 2009  | 16. IS APPLICATIO   | N SUBJECT TO                            | REVIEW BY STATE EXECUTIVE         | 1   |
| a. Federal \$  |               | -   | 2,235,350  |   | REAPPLICATION                           | I/APPLICATION WAS MADE            |     |
| o. Applicant \$  |               | -   | 117,650  | AVAILA  | BLE TO THE STA<br>SS FOR REVIEV         | ATE EXECUTIVE ORDER 12372<br>V ON |     |
| c. State \$  |               |   | .00  | DATE:   | JANUARY 19, 20                          | 009                               |     |
| d. Local \$  |               |   | .00  | b. No.   PROGR  | RAM IS NOT COV                          | 'ERED BY E. O. 12372              |     |
| e. Other \$  |               | -   | .00  |   |   | T BEEN SELECTED BY STATE          |     |
| Program Income \$  |               | <del>.</del>                                | .00  | FOR RE  |   | NT ON ANY FEDERAL DEBT?           | _   |
| g. TOTAL \$  |               |   | 00   | Yes If "Yes" atta   | ch an evolenation                       | ı. 🖾 No                           |     |
| 18. TO THE BEST OF MY KNO  | WLEDGE AND    | BELIFE                                      | 2,353,000 ALL DATA IN THIS AP  |   |   |                                   | _   |
| OCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T   | AUTHORIZED    | BY THE                                      | <b>GOVERNING BODY OF</b>   |   |   |                                   |     |
| a. Authorized Representative   |               | TOL IS AV                                   | IMADED,  |   |   |                                   |     |
| Profiv   | Firet Name    |   |  | Midd  | le Name                                 |                                   | - 1 |

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix

First Name

KELLY

Middle Name

Suffix

b. Title

ASSISTANT DIRECTOR OF PUBLIC WORKS

d. Signature of Authorized Representative

Pressi Tes attach an explantation.

Who are attach an explantation.

E NO

C. Telephone Number (give area code)

760-932-5446

e. Date Signed

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

| APPLICATION FOR   |  |  |  | A P                                    | Version 7/03  |  |  |
|---|--|--|--|--|---|--|--|
| FEDERAL ASSISTANCE 2. DATE SUBMITTED                                      |  | 2. DATE SUBMITTED  |  | Applicant ider                         | Applicant Identifier<br>F                             |  |  |
| 1. TYPE OF SUBMISSION: Application  | Pre-application  | 3. DATE RECEIVED BY  | STATE  | State Applicat                         | State Application Identifier                          |  |  |
| Construction  | Construction   | 4. DATE RECEIVED BY  | FEDERAL AGE  | Federal Identi                         | fier  |  |  |
| Non-Construction  | Non-Construction   |  |  |  |   |  |  |
| 5. APPLICANT INFORMATION Legal Name:                                      |  |  | Organizationa  | l Unit:                                |   |  |  |
| CITY of SOUTH GATE  | 20,000   | To the product of the Control of the | Department:<br>FIELD OPER  |  |   |  |  |
| Organizational DUNS:  | DECE   | IVED   | Division:  | ATIONS                                 |   |  |  |
| Address:  | HEUL   | ,  | Name and tol   | anhana numbar of na                    | rson to be contacted on matters                       |  |  |
| Street:   | IAN 2  | 0 2009   | involving this   | application (give area                 |   |  |  |
| 8650 CALIFRONIA AVENUE  | 5/11 =   |  | Prefix:<br>MR  | First Name: DAVID                      |   |  |  |
| City:<br>SOUTH GATE   | STATE CLEA   | RING HOUSE   | Middle Name<br>E.  |  |   |  |  |
| County:<br>LOS ANGELES  | The second state of the se | The second secon | Last Name<br>TORRES  |  |   |  |  |
| State:<br>CALIFORNIA  | Zip Code<br>90280  |  |  | TIONS MANAGER                          |   |  |  |
| Country:<br>LOS ANGELES   |  |  | Email:<br>dtorres@sogat  | te.org                                 |   |  |  |
| 6. EMPLOYER IDENTIFICATION  | NUMBER (EIN):  |  | Phone Numbe  | r (give area code)                     | Fax Number (give area code)                           |  |  |
| 95-600799   |  |  | (323) 563-5790   | )                                      | (323) 582-3106  |  |  |
| 8. TYPE OF APPLICATION:   |  |  | 7. TYPE OF AF  | PPLICANT: (See back                    | of form for Application Types)                        |  |  |
| If Revision, enter appropriate lette<br>(See back of form for description | er(s) in box(es)   | n Revision   | C<br>Other (specify)   |  |   |  |  |
| Other (specify)   |  |  | 9. NAME OF FI  | EDERAL AGENCY:<br>DEVELOPMENT ADM      | MINISTRATION.   |  |  |
| 10. CATALOG OF FEDERAL D  | OMESTIC ASSISTANCE   | E NUMBER:  | 11. DESCRIPT   | IVE TITLE OF APPLIC                    | ANT'S PROJECT:  |  |  |
| TITLE (Name of Program):<br>Grants for Public Works and Eco               |  |  | Infra-structure development to support industrial expansion: to include new ground tank reservoir, pumping stations, and supporting structures; all of which will increase capacity for expanded economic development in the region of the City of South Gate and areas of Los Angeles County. |  |   |  |  |
| 12. AREAS AFFECTED BY PRO   | •  | . ,  | the region of th   | e City of South Gate a                 | nd areas of Los Angeles County.                       |  |  |
| CITY of SOUTH GATE, LOS AND   | GELES COUNTY, CALIF  | -ORNIA<br>   | 11.001.00  |  |   |  |  |
| 13. PROPOSED PROJECT Start Date:  | Ending Date:   | <del></del>  | a. Applicant   | SIONAL DISTRICTS C                     | b. Proiect  |  |  |
| October, 2009   | June, 2010   |  | LINDA SANCH  | EZ                                     | LINDA SANCHEZ   |  |  |
| 15. ESTIMATED FUNDING:  |  |  | 16. IS APPLIC  |  | REVIEW BY STATE EXECUTIVE                             |  |  |
| a. Federal \$   |  | 2,845,138  |  |  | N/APPLICATION WAS MADE                                |  |  |
| b. Applicant \$   |  | 2,845,138  |  | AILABLE TO THE ST<br>ROCESS FOR REVIEW | ATE EXECUTIVE ORDER 12372 / ON                        |  |  |
| c. State \$   |  |  | DA   | ATE:                                   |   |  |  |
| d. Local \$   |  | 00   | b. No. F PR  | ROGRAM IS NOT COV                      | ERED BY E. O. 12372                                   |  |  |
| e. Other \$   |  | . 00   |  | R PROGRAM HAS NO<br>OR REVIEW          | T BEEN SELECTED BY STATE                              |  |  |
| f. Program Income \$  |  |  |  |  | T ON ANY FEDERAL DEBT?                                |  |  |
| g. TOTAL \$   |  | 5,690,276  | Yes If "Yes  | s" attach an explanation               | n. 🔯 No   |  |  |
|   | <b>AUTHORIZED BY THE</b>   | EF, ALL DATA IN THIS<br>GOVERNING BODY O   |  |  | RE TRUE AND CORRECT. THE<br>CANT WILL COMPLY WITH THE |  |  |
| a. Authorized Representative Prefix                                       | First Name   |  |  | Middle Name                            |   |  |  |
| Mr.   | Gil  |  |  |  |   |  |  |
| Last Name<br>Hurtado  |  |  |  | Suffix                                 |   |  |  |
| b. Title<br>MAYOR, CITY of SOUTH GATE                                     |  |  |  | c. Telephone Number<br>(323) 563-9500  | give area code)                                       |  |  |
| d. Signature of Authorized Repres   | sentative  | _  | _  | e. Date Signed<br>February , 2009      |   |  |  |

| APPLICATION FOR                               |  |  |                              |  | vc-                                   | Version 7/03   |
|---|--|--|------------------------------|--|---------------------------------------|--|
| FEDERAL ASSISTANCE 2. DATE SUBMITTE           |  | 2. DATE SUBMITTED  |                              |  | Applicant Identifier                  |  |
| TYPE OF SUBMISSION:     Application           | Pre-application  | 3. DATE RECEIVED BY  | STATE                        | State Applicat                               | State Application Identifier          |  |
| ✓ Construction                                | ☑ Construction   | 4. DATE RECEIVED BY  | FEDERAL AGE                  | NCY Federal Identifier                       |                                       | and the second s |
| Non-Construction                              | Non-Construction   |  |                              |  |                                       |  |
| 5. APPLICANT INFORMATION Legal Name:          |  | ***  | Organizationa                | l Unit:                                      |                                       |  |
| Alpine Meadows Property Owne                  | are Association Inc  |  | Department:                  |  |                                       |  |
| Organizational DUNS:                          |  |  | Water Dept Division:         | 450  |                                       |  |
| 065890928                                     | Programme and the second secon | The second secon |                              | unhana numbar of na                          | roon to be contacte                   | d on mottors   |
| Address:                                      | RE   | CEIVED   |                              | ephone number of pe<br>application (give are |                                       | d on matters   |
| 115 Alpine Drive                              |  | 2.3  | Prefix:                      | First Name:<br>James                         |                                       |  |
| City:<br>Colfax                               | - JAI  | V 2 0 2009   | Middle Name<br>Churchill     |  |                                       |  |
| County:                                       | 07.17  |  | Last Name                    |  |                                       |  |
| Placer<br>State:                              | Zip Code Zip Code  | LEARING HOUSE  | Harding<br>Suffix:           |  |                                       |  |
| CA  | 95713  | The second secon |                              |  |                                       |  |
| Country:<br>USA                               |  |  | Email:<br>Ampoa@Colfa        | xnet.com                                     |                                       |  |
| 6. EMPLOYER IDENTIFICATION                    | N NUMBER (EIN):  |  |                              | r (give area code)                           | Fax Number (give ar                   | ea code)   |
| 94-1614906                                    | <u> </u>   |  | (530)613-1476                |  |                                       |  |
| 8. TYPE OF APPLICATION:                       | 17   | E  | 7. TYPE OF A                 | PPLICANT: (See bac                           | k of form for Applicati               | on Types)  |
| If Revision, enter appropriate let            | ter(s) in box(es)  | n Revision   | Non Profit                   |  |                                       |  |
| (See back of form for description             | of letters.)   |  | Other (specify)              |  |                                       |  |
| Other (specify)                               |  |  | 9. NAME OF F                 | EDERAL AGENCY:                               | · · · · · · · · · · · · · · · · · · · |  |
| 10. CATALOG OF FEDERAL                        | DOMESTIC ASSISTAN  | CE NUMBER:   | 11. DESCRIPT                 | IVE TITLE OF APPL                            | CANT'S PROJECT:                       |  |
| TITLE (Name of Program):                      |  | 10-760   |                              | of system to meet CV rements, pumps, recy    |                                       | of clarifier,  |
| 12. AREAS AFFECTED BY PR                      | OJECT (Cities, Countie   | s, States, etc.):  |                              |  |                                       |  |
| Colfax, Placer County, USA                    | and the same of th |  |                              |  |                                       |  |
| 13. PROPOSED PROJECT Start Date:              | Ending Date:   |  | a. Applicant                 | SIONAL DISTRICTS                             | b. Project                            |  |
| 5/1/09  | 10/1/09  |  | 4                            |  | 4                                     |  |
| 15. ESTIMATED FUNDING:                        |  |  | 16. IS APPLIC<br>ORDER 12372 | ATION SUBJECT TO PROCESS?                    | REVIEW BY STATE                       | EXECUTIVE  |
| a. Federal \$                                 |  | 1,170,400  | 2 Vec II TH                  | IIS PREAPPLICATION<br>AILABLE TO THE ST      |                                       |  |
| b. Applicant \$                               |  | .00  |                              | ROCESS FOR REVIE                             |                                       | RDER 12372   |
| c. State \$                                   | W. Commission of the Commissio | .00  | DA                           | TE:  |                                       |  |
| d. Local \$                                   |  | .00  | b. No.                       | ROGRAM IS NOT COV                            | /ERED BY E. O. 123                    | 72   |
| e. Other \$                                   |  | .00  | □ OF                         | R PROGRAM HAS NO                             | T BEEN SELECTED                       | BY STATE   |
| f. Program Income \$                          |  | .00  | FC FC                        | R REVIEW PLICANT DELINQUE                    |                                       |  |
| g. TOTAL \$                                   |  | 1 170 400  | Yes If "Yes"                 | " attach an explanation                      | n. 🔲 No                               |  |
| 18. TO THE BEST OF MY KNO                     | WLEDGE AND BELIEF  | 1,170,400<br>, ALL DATA IN THIS API  | PLICATION/PRE                | APPLICATION ARE                              | TRUE AND CORREC                       | T. THE   |
| DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | AUTHORIZED BY THE  | GOVERNING BODY OF  | THE APPLICAN                 | T AND THE APPLICA                            | NT WILL COMPLY                        | WITH THE   |
| a. Authorized Representative                  |  | WARDED.  |                              |  |                                       |  |
| Prefix<br>Mr.                                 | First Name<br>James  |  |                              | Middle Name<br>C                             |                                       |  |
| Last Name<br>Harding                          |  |  |                              | Suffix                                       |                                       |  |
| b. Title<br>Treasurer                         |  |  |                              | c. Telephone Number                          | (give area code)                      |  |
| d. Signature of Authorized Repre              | esentative   |  |                              | (530)613-1476<br>e. Date Signed              | 0.9                                   |  |
| Previous Edition Usable                       |  |  | and a                        | 1-12-  | Standard Form 42                      | 4 (Rev 0-2003)   |
| Authorized for Local Reproduction             | n  |  |                              |  | Prescribed by OMB                     |  |

| PPLICATION FOR  |                                       | M KATE KIIKKIITTEK   |                                      | A  | Version 7/03   |
|---|---------------------------------------|--|--------------------------------------|--|--|
| EDERAL ASSISTANCE   | × .                                   | January 14, 2  | 009                                  | Applicant Identi                           | ner .  |
| TYPE OF SUBMISSION:   | Pre-application                       | 3. DATE RECEIVED BY S  | TATE                                 | State Application                          | n Identiller   |
| Construction  | Construction                          | 4. DATE RECEIVED BY  | EDERAL AGENCY                        | Federal Identific                          | er   |
| Non-Construction  | Non-Construction                      |  |                                      |  | , w  |
| APPLICANT INFORMATION :   |                                       |  | Organizational Unit.                 | · ·  |  |
|   | · Hawhau Diatu                        |  | Department:                          | -  |  |
| rognizational DUNE.   | Harbor Distr                          | 100  | N/A                                  |  |  |
| ddress:   | 9060                                  |  | N/A                                  | <del> , ,</del>                            | ,  |
| treet:  | Contraction of Language Contract      | The state of the s | name and telephone                   | ation (give area                           | son to be contacted on matters code)                             |
| 101 Citizens  | Dock RoadRE                           | CEIVED   | Prefix: Mr.                          | First Name:                                | arry   |
| Crescent City   | , -                                   | 2009   | Middle Name Ala                      | n  |  |
| Del Norte   | 1 1                                   | 14.8 1 5000  | Kelle                                | r  |  |
| State: CA   | Zip Code 95531                        | CLEARING HOUSE   | Suffix:                              |  |  |
| Country: USA  | STATE                                 | THE PROPERTY AND PROPERTY HAVE AND ADDRESS OF THE PROPERTY OF  | 4-6111011                            | llar@Kann                                  | edyJenks.com   |
| EMPLOYER IDENTIFICATIO  | N NUMBER (E/N):                       | ALE SECTION AND ADDRESS OF THE PARTY OF THE  | Phone Number (give                   |  | Fax Number (give area code)                                      |
| 94 - 6003247<br>TYPE OF APPLICATION:                              | ·<br>·                                |  | (310)418-502<br>7. TYPE OF APPLICA   | ANT: (See back                             | (949)261-2134<br>of form for Application Types)                  |
| Revision, enter appropriate le<br>See back of form for descriptio | ter(s) in box(es)                     | on Revision  | Other (specify)                      |  |  |
| Other (specify)   |                                       | :  | 9. NAME OF FEDER                     |  | rn.  |
| 10. CATALOG OF FEDERAL  | DOMESTIC ASSISTAN                     | CE NUMBER:   | 11. DESCRIPTIVE TI                   |  | EDA<br>CANT'S PROJECT:   |
| * *   |                                       |  | Architechtu                          | iral & Eng                                 | ineering for   |
| TITLE (Name of Program)   | 11.201                                |  | Crescent Ci                          | ity Harbor                                 | •  |
| 2. AREAS AFFECTED BY PR   | OJECT (Cities, Countie                | s, Stales, etc.):  | Reconstruct                          | tion of Ir                                 | nner Basin   |
| Crescent City, I  | Del Norte Cour                        | nty, State of C  |                                      | 1  | a t  |
| 3. PROPOSED PROJECT Start Date:                                   | Ending Date:                          |  | 14. CONGRESSION.                     | AL DISTRICTS                               | b. Project   |
| June 15, 2009   | November 18                           | 8, 2011  | District 1                           | T NUNTERS SE                               | District 1   |
| 15. ESTIMATED FUNDING:  |                                       | 8 8  | ORDER 12372 PRO                      | CES\$?                                     | REVIEW BY STATE EXECUTIVE  |
| a, Federal 5<br>b; Applicant 5                                    | 3,000,000                             | - 00   | a. 163. LA AVAILA                    | PREAPPLICATION BLE TO THE ST SS FOR REVIEW | DNAPPLICATION WAS MADE<br>TATE EXECUTIVE ORDER 12372             |
| . State   |                                       | IN.  |                                      |  | 14, 2009   |
| d, Local  |                                       | - · · · · · · · · · · · · · · · · · · ·  |                                      |  | VERED BY E. O. 12372   |
|   |                                       |  | 0. No.                               |  | OT BEEN SELECTED BY STATE  |
| e. Other  | 5                                     |  | FOR RE                               | VIEW .                                     | NT ON ANY FEDERAL DEBT?  |
| f. Program Income   | · · · · · · · · · · · · · · · · · · · |  | 17. IS THE APPLICA                   | ANT DELINQUE                               | UI ON ANT PEDERAL DERIY  |
| g. TOTAL  | 3,000,000                             | · · · · · · · · · · · · · · · · · · ·  | Fig If "Yes" attach a                | N 10 10 10 10 10 10 10 10 10 10 10 10 10   | IX No∵   |
| DOCUMENT HAS BEEN DUL'<br>ATTACHED ASSURANCES IF                  | Y AUTHORIZED BY TH                    | IE GOVERNING BODY OF   | APPLICATION/PREA<br>THE APPLICANT AN | PPLICATION AID THE APPLICA                 | RETRUE AND CORRECT. THE ANT WILL COMPLY WITH THE                 |
| a. Authorized Representative                                      | First Name                            |  | Midd                                 | le Name                                    | -  |
| Mr.   | Rich                                  | ard  |                                      |  |  |
| Last Name Young   |                                       | *  | Suffix                               |  |  |
| CEO/ Harbor   |                                       |  | 1.                                   | 107)464-6                                  | (give area code)   |
| d. Signature of Authorized Rep                                    | resentative                           |  |                                      | ale Signed                                 | 14,2009  |
| Previous Edition Usable<br>Authorized for Local Reproduc          | lien .                                |  | - t                                  |  | Standard Form 424 (Rev.9-2003<br>Prescribed by OMB Circular A-10 |
|   | Y                                     |  |                                      |  | (A) (Se)   |

|   |            |                                   |              |  |  | 1                         | Version 7/03                     |  |
|---|------------|-----------------------------------|--------------|--|--|---------------------------|----------------------------------|--|
| APPLICATION F   | OR         |                                   |              | 2. DATE SUBMITTED  | = 12000  | Applicant Ider            | ntifier                          |  |
| FEDERAL ASSISTANCE  |            | 01/15/2009                        |              |  |  |                           |                                  |  |
| TYPE OF SUBMISSI  | ON:        |                                   |              | 3. DATE RECEIVED BY STA  | E State Application Identifier   |                           | ion Identifier                   |  |
| Application  Construction Non-Construction  |            | Preapplication Construct Non-Cons |              | 4. DATE RECEIVED BY FED  | ERAL AGENCY  | Federal Identi            | fier                             |  |
| 5. APPLICANT INFO   | DRMATIO    | N                                 |              |  | Organizational   | Unit                      |                                  |  |
| City of California  | a City, (  | California                        |              |  | Organizational Department:   | onic:                     |                                  |  |
| Organizational DUNS: 8  | 3271800    | 92                                | RF           | CEIVED   | Division:  |                           |                                  |  |
| Address:  |            |                                   | B R Base     | For the War Land   | Name and telep   | hone number of p          | erson to be contacted on         |  |
| Street: 21000 Hacier  | nda Blvd   |                                   | 10           | N 2 1 2009   | matters involving this application (give area code)  |                           |                                  |  |
|   |            |                                   | J -          | AN Z I 2003  | Prefix:  | Prefix: First Name: Ramon |                                  |  |
| City: California City   |            |                                   | STATE        | CLEARING HOUSE   | Middle Name: I   | <del></del>               |                                  |  |
| County: Kern  |            |                                   |              | WALLTON OF PROJECT AND THE TOTAL TO SERVICE OF THE TOTAL TO SERVICE OF THE TOTAL TOT | Last Name: Pa  | ntoja                     |                                  |  |
| State: California   |            | Zip Co                            | de: 93505    |  | Suffix:  |                           |                                  |  |
| Country: United Sta   | ites       |                                   |              |  | Email: rpantoja  | @heltengineering.         | com                              |  |
| 6. EMPLOYER IDEN  | TIFICATION | ON NUMBER                         | EIN):        |  | Phone number (   | give area code):          | FAX number (give area code):     |  |
| 9 5 _ 2   | 4 0        | 8 7 6                             | 3            |  | (661) 3  | 323-6045                  | (661) 323-0799                   |  |
| 8. TYPE OF APPLICAT   | ION:       |                                   |              |  |  | PLICANT: (See bac         | k of form for Application Types) |  |
| ⊠ Nev   | w 🗆        | Continuation                      | Rev          | ision  | Other (specify)  |                           |                                  |  |
| If Revision, enter approp<br>(See back of form for de   |            |                                   |              |  |  | DERAL AGENCY              |                                  |  |
| Other (specify)   | <u>.</u>   |                                   | L            |  | The state of the s | of Transportati           | on/Federal Aviation              |  |
| 40 0174100075   |            | DOMESTIC !                        | 00107411     | or   | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Install airfield miscellaneous aids and economy  |                           |                                  |  |
| 10. CATALOG OF F  | EDERAL     | 2                                 | 0 -          | 1 0 6  | approach aids; including but not limited to:   |                           |                                  |  |
| TITLE: Airport Improve  | ement Prog |                                   |              |  | segmented circle, wind cones, obstruction lights, runway end identifier lights and precision approach  |                           |                                  |  |
| 12. AREAS AFFECT<br>City of California  |            | ROJECT (citie                     | s, counties, | states, etc.):   | path indicator.  |                           |                                  |  |
| 13. PROPOSED PRO  |            |                                   |              |  | 14. CONGRESS   | SIONAL DISTRICTS          | OF                               |  |
| Start Dat   |            |                                   |              | nding Date   | a. Applicant   |                           | b. Project                       |  |
| April, 20   |            |                                   | JL           | ıly, 2009  | 22   | TION SUBJECT TO           | REVIEW BY STATE                  |  |
| 15. ESTIMATED FOR   | IDING.     |                                   |              |  | The state of the s | DER 12372 PROCE           |                                  |  |
| a. Federal  | \$         |                                   | 1            | 84,210 <sup>.00</sup>  | a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  |                           |                                  |  |
| b. Applicant  | \$         |                                   |              | 9,695  |  |                           |                                  |  |
| c. State  | \$         |                                   |              | .00  | ı  | E01  15/09                |                                  |  |
| d. Local  | \$         |                                   | *            | .00  | b. No. 🔲 PRO   | OGRAM IS NOT COVE         | RED BY E. O. 12372               |  |
| e. Other  | \$         |                                   |              | .00  | RE\  | IEW                       | BEEN SELECTED BY STATE FOR       |  |
| f. Program income   | \$         |                                   |              | .00  | 17. IS THE APPL  | ICANT DELINQUEN           | TON ANY FEDERAL DEBT?            |  |
| g. TOTAL  | \$         |                                   |              | 93,905   |  | tach an explanation       | ⊠ No                             |  |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. |            |                                   |              |  |  |                           |                                  |  |
| <ul> <li>a. Authorized Represent</li> <li>Prefix Mrs.</li> </ul>  | ative      | First Name                        | Linda        |  |  | Middle Name               |                                  |  |
| Last Name Lunsfo  | rd         | 1 113t Wallie                     | Lillua       |  |  | Suffix                    | \                                |  |
| b. Title City Manag   |            |                                   |              |  |  |                           | per (give area code)             |  |
| d. Signature of Author  | ized Rep   | esentative                        |              |  |  | e. Date Signed 01         |                                  |  |
| -11   | -01        |                                   |              |  | 70   | - A                       |                                  |  |

| APPLICATION FOR FEDERAL ASSISTANCE                          |  | 2. DATE SUBMITTE<br>January                   | D<br>y 12, 2009  | Applicant Identifier   |  |  |  |
|---|--|---|--|--|--|--|--|
| 1. TYPE OF<br>SUBMISSION:<br>Application                    | Pre-application  | 3. DATE RECEIVED                              | BY STATE   | State Application Identifier   |  |  |  |
| ☐ Construction ☑ Non-Construction  5. APPLICANT INFORMA     | Construction Non- Construction   | 4. DATE RECEIVED                              | BY FEDERAL AGENCY                                      | Federal Identifier   |  |  |  |
| Legal Name:   |  |   | Organizational Unit;                                   |  |  |  |  |
| SIERRA ECONOMIC   | DEVELOPMENT COR  | PORATION                                      | Department:  |  |  |  |  |
| Organizational DUNS:  |  |   | Division:  | ) and an experience of the control o |  |  |  |
| Address:  | 08-885-6885  | Montagery Letters and treatment of the second | Name and telephone num<br>involving this application ( | ober of person to be contacted on matters  |  |  |  |
| Street:   | HE(  | CEIVED  | Profix:  | First Name:  |  |  |  |
| 560 WALL STREE  |  | 2 1 2009                                      | Middle Name:   | BRENT  |  |  |  |
| AUBURN  |  |   | Last Name:   |  |  |  |  |
| County:<br>PLACER   | STATE CL   | EARING HOUSE                                  | SMITH  |  |  |  |  |
| State:<br>CA  | The state of the s | 5603  | Suffix:  | 1-12-09  |  |  |  |
| Country:  |  | 3003  | Email:   |  |  |  |  |
| USA<br>6. EMPLOYER IDENTIHÇ                                 | ATION NUMBER (FIN  | •   | brent@sedd.org Phone Number (give area                 | code)   Fax Number (give area code)  |  |  |  |
|   |  | •   |  |  |  |  |  |
| 94-1705043<br>8. TYPE OF APPLICATION                        | N.   | 1 . 11111 1000 1100                           | (530) 823-4703<br>7. TYPE OF APPLICANT                 | (530) 823-4142<br>(See back of form for Application Types)   |  |  |  |
| If Revision, enter appropria<br>(See back of form for descr | lew 🔯 Continuation<br>le letter(s) in bex(es)  | n 🔲 Revision                                  |  |  |  |  |  |
| Other ( specify)  |  |   | Other (specify) <u>EDD</u>                             |  |  |  |  |
|   |  |   | 9. NAME OF FEDERAL A                                   | GENCY: MENT ADMINISTRATION   |  |  |  |
| 10 CATALOG OF FEDERA  | L DOMESTIC ASSIST  | ANCE NUMBER:                                  |  | OF APPLICANT'S PROJECT;  |  |  |  |
| TITLE (Name of Program):                                    | 11-302<br>PLANNING   |   | ECONOMIC DEVELOPMENT PLANNING PROGRAM                  |  |  |  |  |
| 12. AREAS AFFECTED B'<br>EL DORADO, NEVADA, PL              | ACER & SIERRA COL  |   |  |  |  |  |  |
| 13. PROPOSED PROJECT Start Date:                            | l<br>⊢ Ending Date   |   | 14. CONGRESSIONAL DI<br>a. Applicant                   | STRICTS OF:  |  |  |  |
| 04/01/2009  |  | 03/31/2010                                    | Tom McClintock 4                                       | Torn McClintock 4  |  |  |  |
| 15. ESTIMATED FUNDING                                       | i .  |   | ORDER 12372 PROCESS                                    | SJECT TO REVIEW BY STATE EXECUTIVE   |  |  |  |
| a. Federal \$   |  | 76,000  | a. Yes 🛛 THIS PREAP                                    | PLICATION/APPLICATION WAS MADE   |  |  |  |
| b. Applicant \$ c. State \$                                 |  |   | AVAILABLE TO THE STATE  FOR REVIEW ON                  | TE EXECUTIVE ORDER 12372 PROCESS   |  |  |  |
| d. Local \$   | ····   | 76,000  | DATE: 1/12   |  |  |  |  |
| e. Other \$   |  |   |  | S NOT COVERED BY E. O. 12372<br>AM HAS NOT BEEN SELECTED BY STATE  |  |  |  |
| (. Program Income \$  |  |   |  | ELINQUENT ON ANY FEDERAL DEHT?   |  |  |  |
| THE ATTACHED ASSURA   | ULY AUTHORIZED BY<br>NCES IF THE ASSISTA   | THE GOVERNING BC                              | Yes It "Yes" attach an e                               | EXPLANATION ARE TRUE AND CORRECT. THE NO THE APPLICANT WILL COMPLY WITH  |  |  |  |
| a. Authorized Representative Prefix                         | e<br>il Name   |   | Middle Name  |  |  |  |  |
|   | 8RENT  |   | Middle Name  |  |  |  |  |
| Last Name<br>SMITH  |  |   | Suffix   | ,  |  |  |  |
| b. Title CHIEF EXECUT                                       | · -1   | ~ # <del>-</del> -                            | (53  | mber (give area code)<br>0) 823-4703   |  |  |  |
| d. Signature of Authorized F                                | Representative   | The 1-  | c. Date Signed   | 1/12/03  |  |  |  |
| Previous Edition Usable<br>Authorized for Local Reproduc    | ation  | saly will                                     | 277  | Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102   |  |  |  |

| FEDERAL ASSISTANCE 2. DAT   |  | 2. DATE SUBMITTED                                    | . DATE SUBMITTED   |                                      | Applicant Identifier   |  |  |
|---|--|--|--|--------------------------------------|--|--|--|
| 1. TYPE OF SUBMISSION: Application  | Pre-application  | 3. DATE RECEIVED BY                                  | State Application I dentifier  |                                      | ion I dentifier  |  |  |
| ☑ Construction ☐ Non-Construction   | ☐ Construction ☐ Non-Construction  | 4. DATE RECEIVED BY                                  | FEDERAL AGE  | NCY Federal Identi                   | fier   |  |  |
| 5. APPLICANT INFORMATION  |  |  |  |                                      |  |  |  |
| Legal Name:   |  |  | Organizationa Department:  | I Unit:                              |  |  |  |
|   | AIRPORT DISTRICT   |  |  |                                      |  |  |  |
| Organizational DUNS: 0064   | 92235  |  | Division:  | RUCKEE TAHOE AIF                     | RPORT  |  |  |
| Address:<br>Street:   |  |  |  | application (give are                | rson to be contacted on matters a code)                            |  |  |
| 10356 TRUCKE  | E AIRPORT ROAD   |  | Prefix:  | First Name:                          | DAVID  |  |  |
| City: TRUCKEE   |  |  | Middle Name  |                                      | 100  |  |  |
| County: NEVADA  |  | 1              | Last Name  | GOTSCHALL                            |  |  |  |
| State: CALIFORNIA   | Zip Code 961ph   | CEIVED   | Suffix:  |                                      |  |  |  |
| Country: USA  | 171  | Charly has L   | Email:   | nager@truckeetahoea                  | airport.com  |  |  |
| 6. EMPLOYER IDENTIFICATION  | N NUMBER (EIN):  | N 2 2 2009   | Phone Number   |                                      | Fax Number (give area code)  |  |  |
| 94-1563328  |  | 114  | 530-587-   | 4540                                 | 530-587-2984   |  |  |
| 8. TYPE OF APPLICATION:   |  | CLEARING HOUSE                                       | 7. TYPE OF AF  | PPLICANT: (See back                  | of form for Application Types)                                     |  |  |
| If Revision, enter appropriate let  | w 💷 Cþntinuatio  | n Revision   |  | G. SPECIAL DIS                       | TRICT  |  |  |
| (See back of form for description   |  |  | Other (specify)  |                                      |  |  |  |
| Other (specify)   |  |  | 9. NAME OF FI  | EDERAL AGENCY:<br>FEDERAL AVIATION   | ON ADMINISTRATION  |  |  |
| 10. CATALOG OF FEDERAL  | DOMESTIC ASSISTANCE  | CE NUMBER:   | 11. DESCRIPT   | IVE TITLE OF APPLI                   | CANT'S PROJECT:  |  |  |
| TITLE (Name of Program):  | RPORT IMPROVEMENT  | 2 0-1 0 6<br>PROGRAM                                 | 2. SEGMENTE<br>REPLACEM  |                                      |  |  |  |
| 12. AREAS AFFECTED BY PR  | OJECT (Cities, Counties  | s, States, etc.):                                    | 3. APRON LIG   | HT REPLACEMENT                       |  |  |  |
| TRUCKEE, NEVADA COUNTY  | , PLACER COUNTY, CA  | ALIFORNIA  |  |                                      |  |  |  |
| 13. PROPOSED PROJECT  |  |  | Committee of the Commit | SIONAL DISTRICTS                     |  |  |  |
| Start Date:<br>JUNE 2009  | Ending Date:<br>JANUA  | RY 2010  | a. Applicant   | 14th                                 | b. Project<br>14th   |  |  |
| 15. ESTIMATED FUNDING:  |  |  |  |                                      | REVIEW BY STATE EXECUTIVE  |  |  |
| a. Federal \$   |  | 00   | ORDER 12372 I  |                                      | /APPLICATION WAS MADE  |  |  |
| Sect   Sect |  | 893,000  | a. res. No.  | AILABLE TO THE STA                   | ATE EXECUTIVE ORDER 12372  |  |  |
| b. Applicant \$   |  | 47,000   | PR   | OCESS FOR REVIEW                     | ON   |  |  |
| c. State \$   |  | . 00   | DA.  | TE: JANUARY 19, 20                   | 09   |  |  |
| d. Local \$   |  | .00  | b. No. 🗂 PR  | OGRAM IS NOT COV                     | ERED BY E. O. 12372  |  |  |
| e. Other \$   |  | .00  |  | PROGRAM HAS NOT                      | F BEEN SELECTED BY STATE   |  |  |
| f. Program Income \$  |  | . 00   |  |                                      | NT ON ANY FEDERAL DEBT?  |  |  |
| g. TOTAL \$   |  | 940,000  | Yes If "Yes"   | attach an explanation.               | √ No   |  |  |
| 18. TO THE BEST OF MY KNO<br>DOCUMENT HAS BEEN DULY<br>ATTACHED ASSURANCES IF   | <b>AUTHORIZED BY THE</b>   | GOVERNING BODY OF                                    | PLICATION/PREATHE APPLICANT  | APPLICATION ARE T<br>AND THE APPLICA | RUE AND CORRECT. THE<br>NT WILL COMPLY WITH THE                    |  |  |
| a. Authorized Representative Prefix   | First Name   |  | [N   | Middle Name                          |  |  |  |
| Last Name   | DAVID  |  | Ç  | Suffix                               | 7.4400.00.00   |  |  |
| GOTSCHAL  | L  |  |  |                                      |  |  |  |
| b. Title<br>GENERAL I   | The state of the s | c. Telephone Number (give area code)<br>530-587-4540 |  |                                      |  |  |  |
| d. Signature of Authorized Repre  | sentative  | Dechell  | E  | e. Date Signed                       | 9/09   |  |  |
| Previous Edition Usable<br>Authorized for Local Reproduction  | (  | )  |  |                                      | Standard Form 424 (Rev.9-2003)<br>Prescribed by OMB Circular A-102 |  |  |

OMB Number: 4040-0004 Expiration Date: 01/31/2009

| Application for Federal Assistan                     | ce SF-424                      |   | Version 02            |
|--|--------------------------------|---|-----------------------|
| *1. Type of Submission:                              | *2. Type of Applicati          | on • If Revision, select appropriate le                           |                       |
| ☐ Preapplication                                     | □ New                          |   | RECEIVED              |
| Application  | □ Continuation                 | *Other (Specify)  | JAN 2 2 2009          |
| ☐ Changed/Corrected Application                      | Revision                       | -   | STATE OF EARING HOUSE |
| 3. Date Received: 4.                                 | Applicant Identifier:<br>CA044 |   |                       |
| 5a. Federal Entity Identifier:<br>CA044              |                                | *5b. Federal Award Identifier:<br>CA044-00000109D, CA044-00000209 | D, CA044-0000309D     |
| State Use Only:                                      |                                |   |                       |
| 6. Date Received by State:                           | 7. State Ap                    | plication identifier:   |                       |
| 8. APPLICANT INFORMATION:                            |                                |   |                       |
| *a. Legal Name: Housing Authority of                 | the County of Yolo             |   |                       |
| *b. Employer/Texpayer Identification f<br>94-6003375 | Number (EIN/TIN):              | *c. Organizational DUNS:<br>603664000                             |                       |
| d. Address:  |                                |   |                       |
| *Street 1: 147 W Main                                | n Street                       |   |                       |
| Street 2:  |                                |   |                       |
| *City: Woodland                                      |                                | _   |                       |
| County: Yolo   |                                |   |                       |
| *State: CA   |                                |   |                       |
| Province:  | •                              |   |                       |
| *Country: <u>USA</u>                                 |                                |   |                       |
| *Zip / Postal Code <u>95695</u>                      |                                |   |                       |
| e. Organizational Unit:                              |                                |   |                       |
| Department Name: Low income Public Housing           |                                | Division Name:  |                       |
|  | person to be contact           | led on matters involving this applicat                            | lon:                  |
| Prefix: Ms.  |                                | isa   |                       |
| Middle Name: A.                                      |                                |   |                       |
| *Last Name: Baker                                    |                                |   |                       |
| Suffix:  |                                |   |                       |
| Title: Executive Director                            |                                | * 4   |                       |
| Organizational Affiliation:                          |                                |   |                       |
| *Telephone Number: (530) 669-2219                    | )                              | Fax Number: (530) 662-5429  |                       |
| *Email: lbaker@ycha.org                              |                                |   |                       |

OMB Number: 4040-0004 Expiration Date: 01/31/2009

| Application for Federal Assistance SF-424   |   | Version 02   |
|---|---|--|
| *9. Type of Applicant 1: Select Applicant Type:  L. Public/Indian Housing Authority |   |  |
| Type of Applicant 2: Select Applicant Type:   |   |  |
|   | RECEIVED                                | ,  |
| Type of Applicant 3: Select Applicant Type:   | JAN 2 2 2009                            |  |
| *Other (Specify)  | JAN 2 2 2009                            |  |
|   | STATE CLEARING HOUSE                    |  |
| *10 Name of Federal Agency: US Department of Housing and Urban Development          |   |  |
| 11. Catalog of Federal Domestic Assistance Number:                                  |   | V Control of the cont |
| 14.850  |   |  |
| CFDA Title:   |   |  |
| Low Rent Public Housing   |   |  |
| *12 Funding Opportunity Number:   |   |  |
| 9999  |   |  |
|   |   |  |
| *Title:   |   |  |
| 9999  |   |  |
|   |   |  |
| 13. Competition Identification Number:  |   |  |
| 9999  |   |  |
| Title:  |   |  |
| 9999  |   |  |
|   |   |  |
| 14. Areas Affected by Project (Cities, Counties, States, etc.):                     | Y • • • • • • • • • • • • • • • • • • • |  |
| Yolo County California and the cities of West Sacramento and Woodland               | i                                       |  |
|   |   |  |
|   |   |  |
| *15. Descriptive Title of Applicant's Project:                                      |   |  |
| Operating Fund Subsidy - Public Housing - Housing for Low Income Tenants            |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Prescribed by OMB Circular A-102

| Application for F                                 | ederal Assistance SF-4                                       | <b>24</b> Versioп 02   |  |  |  |  |
|---|--|--|--|--|--|--|
| 16. Congressional                                 | Districts Of:  |  |  |  |  |  |
| *a. Applicant: Califo                             | rnia 1 <sup>at</sup> & 2nd                                   | *b. Program/Project: California 1 <sup>31</sup> & 2nd  |  |  |  |  |
| 17. Proposed Proje                                | ect:   |  |  |  |  |  |
| *a. Start Date: 1/1/2                             | 009  | *b. End Date: 12/31/2009   |  |  |  |  |
| 18. Estimated Fund                                | ling (\$):   |  |  |  |  |  |
| *a. Federal                                       | 824,905  | All Control of the Co |  |  |  |  |
| *b. Applicant                                     |  |  |  |  |  |  |
| *c. State   |  |  |  |  |  |  |
| *d. Local   |  |  |  |  |  |  |
| *e. Other   |  |  |  |  |  |  |
| *f. Program Income                                | 1,900,000  |  |  |  |  |  |
| *g. TOTAL   | 2,724,905  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   | -  | te Under Executive Order 12372 Process?  |  |  |  |  |
|   |  | ne State under the Executive Order 12372 Process for review on 1/22/09   |  |  |  |  |
| _   |  | not been selected by the State for review.   |  |  |  |  |
| C. Program is no                                  | t covered by E. O. 12372                                     |  |  |  |  |  |
| *20. is the Applicar                              | nt Delinquent On Any Fed                                     | eral Debt? (If "Yes", provide explanation.)  |  |  |  |  |
| ☐ Yes 🗵   | No   |  |  |  |  |  |
| herein are true, comp<br>with any resulting ter   | plete and accurate to the be<br>ms if I accept an award. I a | e statements contained in the list of certifications** and (2) that the statements est of my knowledge. I also provide the required assurances** and agree to comply am aware that any false, fictitious, or fraudulent statements or claims may subject (U. S. Code, Title 218, Section 1001)   |  |  |  |  |
| ⊠ "I AGREE  |  |  |  |  |  |  |
| ** The list of certificate agency specific instru |  | Internet site where you may obtain this list, is contained in the announcement or  |  |  |  |  |
| Authorized Represe                                | entative:  |  |  |  |  |  |
| Prefix: Ms  |  | *First Name: Lisa  |  |  |  |  |
| Middle Name: A.                                   | · · · · · · · · · · · · · · · · · · ·                        |  |  |  |  |  |
| *Last Name: <u>Ba</u>                             | ker  |  |  |  |  |  |
| Suffix:   |  |  |  |  |  |  |
| *Title: Executive Dire                            | ector  |  |  |  |  |  |
| *Telephone Number:                                | *Telephone Number: (530) 669-2219 Fax Number: (530) 662-5429 |  |  |  |  |  |
| * Email: Lisa A. Bakı                             | 96   |  |  |  |  |  |
| *Signature of Authori                             | zed Representative:  | *Date Signed: 1/22/2009  |  |  |  |  |
| Authorized for Local R                            | eproduction  | Standard Form 424 (Revised 10/2005)  |  |  |  |  |

| APPLICATION FOR   | E            |                    | 2. DATE SUBMITTE   | <u> </u>   | Applicant Ide  | Version 7/  |
|---|--------------|--------------------|--|--|--|---|
| FEDERAL ASSISTANCE  |              | January 22, 2009   |  |  |  |   |
| 1. TYPE OF SUBMISSION:<br>Application   | Pre-         | 3. DATE RECEIVED E |  |  |  |   |
| ☐ Construction  | □ c          | construction       | 4. DATE RECEIVED   | BY FEDERAL AGENC   | Federal Iden   | ıtifler   |
| Non-Construction  | DN           | on-Construction    |  |  |  |   |
| 5, APPLICANT INFORMATION Legal Name:  | N            |                    |  | Organizational Un  | ilė:   |   |
| Town of Mammoth Lakes   |              |                    |  | Department:  |  |   |
| Organizational DUNS:  | -            | RECE               | -IVFD  | Division:  | olic Works   | 1.7-  |
| 144803339<br>Address:   |              |                    |  | None and delanks   | number of n  | erson to be contacted on matters                                    |
| Street:   |              | JAN 2              | 3 2009   | Involving this app   |  |   |
| 1300 Airport Road   | 1            |                    |  | Prefix:<br>Mr.   | First Name:<br>William   |   |
| City:<br>Mammoth Lakes  |              | STATE CLEAR        | RING HOUSE   | Middle Name<br>B.  | - Villiani II  | -   |
| County:<br>Mono   |              | ,                  | The second secon | Last Name<br>Manning   | •  |   |
| State:<br>California  | Zlp C<br>935 | ode<br>48          |  | Suffix:  |  |   |
| Country:<br>USA   |              |                    |  | Email:<br>wmanning@cl.ma   | mmoth-lakes.ca   | .us   |
| 8. EMPLOYER IDENTIFICATION  | NUI NO       | MBER (EIN):        |  | Phone Number (give   |  | Fax Number (give area code)   |
| 77-0043067  | 1            |                    |  | 760-934-3813   |  | 760-934-3119  |
| 8. TYPE OF APPLICATION:   |              |                    |  | 7. TYPE OF APPLI   | CANT: (See bed   | ck of form for Application Types)                                   |
| E New   |              | Continuation       | Revision   | D - Township   |  |   |
| If Revision, enter appropriate let<br>(See back of form for description             | of lett      | ers.)              | П  | Other (specify)  |  | :   |
| Other (specify)<br>Change of Priority   |              |                    |  | 9. NAME OF FEDE  |  |   |
| 10. CATALOG OF FEDERAL I  | DOMES        | STIC ASSISTANCE    | NUMBER:  | THE PURCHASION AND ADDRESS OF THE PARTY OF T | AND DE ANDERSON DE PROPERTOR DE LA CONTRACTOR DE LA CONTR | CANT'S PROJECT:   |
| TITLE (Name of Program):<br>Airport improvement Program<br>12. AREAS AFFECTED BY PR |              | (Cities, Countles, | 20-106 States, etc.):  |  |  | oth Lakes, Mono County, California<br>Temporary Terminal Facilities |
| Town of Mammoth Lakes, Califo   | omla         |                    |  |  |  |   |
| 13. PROPOSED PROJECT Start Date:  | End          | ling Date:         |  | 14. CONGRESSION a. Applicant   | IAL DISTRICTS  | OF:<br>b. Project   |
| 2009  | 200          |                    |  | 4th  |  | 4th   |
| 15. ESTIMATED FUNDING:  |              |                    | •  | <b>ORDER 12372 PRO</b>   | CESS?  | REVIEW BY STATE EXECUTIVE   |
| a. Federal \$   |              |                    | 104,314  |  |  | VAPPLICATION WAS MADE<br>ATE EXECUTIVE ORDER 12372                  |
| b. Applicant \$   |              |                    | 5,490  |  | SS FOR REVIEW  |   |
| c. State \$   |              |                    | <u>u</u>   | DATE:  | January 23, 2009   |   |
| d. Local \$   | _            |                    | ,w   | b. No. I PROGR   | AM IS NOT COV  | ERED BY E. O. 12372   |
| a. Other \$   |              |                    | , <b>w</b>   | OR PRO   |  | T BEEN SELECTED BY STATE  |
| f. Program Income   |              |                    | , od   | 17. IS THE APPLICA   | NT DELINQUE  | NT ON ANY FEDERAL DEBT?   |
| g. TOTAL \$   |              |                    | 109,804  | Dyes if "Yes" attac  |  |   |
| 18. TO THE BEST OF MY KNO<br>DOCUMENT HAS BEEN DULY A<br>ATTACHED ASSURANCES IF T   | AUTHO        | RIZED BY THE G     | OVERNING BODY OF   | PPLIGATION/PREAPPL<br>FTHE APPLICANT AND   | THE APPLICA  | RUE AND CORRECT. THE<br>NT WILL COMPLY WITH THE                     |
| a. Authorized Representative  | First N      | lama               |  | Middle   | Name   |   |
| Prefix<br>Mr.<br>Last Name  |              | n .                |  | B.<br>Suffix   |  |   |
| Manning<br>b. Title   |              |                    |  |  | mhone Mumber   | (also ama anda)   |
| Airport Manager   | _            |                    |  | (760)  | phone Number (<br>934-3613   | (Alsa sies code)  |
| . Signature of Authorities Repres   | entitiv      | /8                 |  | e. Dat   | signed ~   |   |
| revious Edition Usable<br>authorized for Local Reproduction                         | 1            |                    |  |  |  | Standard Form 424 (Rev.9-2003)<br>Prescribed by OMB Circular A-102  |

| APPLICATION FOR  |              |                  | p  |                  |                              |  | Version 7  |
|--|--------------|------------------|--|------------------|------------------------------|--|--|
| FEDERAL ASSISTANC  | E            |                  | 2. DATE SUBMITTED January 15,  | 2009             | Ap                           | plicant Ide                            | ntifier<br>1666  |
| 1. TYPE OF SUBMISSION: Application   | Pre-app      | lication         | 3. DATE RECEIVED B   |                  | St                           | ate Applica                            | tion Identifier  |
| Construction   | 1000000000   | struction        | 4. DATE RECEIVED B   | Y FEDERAL A      | GENCY Fe                     | deral Ident                            | ifier  |
| Non-Construction   |              | Construction     |  |                  |                              |  |  |
| 5. APPLICANT INFORMATION Legal Name:   | N            |                  |  | Organizatio      |                              | CHALLMAN AND ADMINISTRA                | <u> </u>   |
| City of Torrance   |              |                  |  | Department       | :<br>t Depart                | ment                                   |  |
| Organizational DUNS:   | 12 610       | 0253             | The Control of the Co | Division:        | F                            |  |  |
| Address:   | 13-619       | DEC              | FIVED  | Name and t       | elephone nu                  | mber of pe                             | erson to be contacted on matters   |
| Street:  |              | M Land           | - mark   | involving th     | nis applicatio               | n (give are                            |  |
| 20500 Madrona Ave  | nue          | IAN              | 2 3 2009   | Prefix:          |                              | st Name:                               | Jim_   |
| <sup>City:</sup><br>Torrance   |              |                  | 1  | Middle Name      | е                            |  |  |
| County:<br>Los Angeles   |              | STATE CL         | EARING HOUSE   | Last Name<br>Mil | 1s                           | ************************************** |  |
| State:<br>California   | Zip Code     |                  | Personal Conference of the Con | Suffix:          |                              | H-11-1                                 | <del> </del>   |
| Country:   |              | 70303            |  | Email:           | 1100+0                       | not as                                 |  |
| United States<br>6.EMPLOYER IDENTIFICATION                                       | и иимве      | R (EIN):         |  |                  | 11s@torr<br>per (give area c |  | Fax Number (give area code)  |
|  | 95-6         | 000803           |  | (310)            | 618-6291                     |  | (310) 618-6229   |
| B. TYPE OF APPLICATION:  | <del>-</del> |                  | (A) (1) (A)  | 100              |                              |  | of form for Application Types)   |
| XX Nev<br>Revision, enter appropriate lett<br>See back of form for description   | er(s) in box |                  | Revision   | Other (specify   | <sub>/)</sub> Loca           | 1/City                                 | Government   |
| Other (specify)  |              |                  |  | 9. NAME OF       | FEDERAL A                    | GENCY:                                 |  |
|  |              |                  |  | Federa           | al Trans                     | it Adm                                 | inistration  |
| 0. CATALOG OF FEDERAL D  | OMESTIC      | ASSISTANCE       |  |                  |                              |  | CANT'S PROJECT:  |
| TTLE (Name of Program):  |              |                  |  |                  | <del></del> -                |  | cance Grant<br>cansit Department   |
|  |              |                  |  |                  | ID: CA-                      |  |  |
| 2. AREAS AFFECTED BY PRO   |              |                  |  | 1103000          | 12. 011                      | 0, 11,                                 | •  |
| City of Torrance/I 3. PROPOSED PROJECT   | los Ang      | geles Cou        | inty   | 14. CONGRE       | SSIONAL DIS                  | STRICTS                                | )F:  |
| Start Date:  | Ending       |                  |  | a. Applicant     |                              |  | b. Project   |
| 4/1/09<br>5. ESTIMATED FUNDING:  |              | 12/3             | 31/12  | Dist. 3          |                              | JECT TO                                | REVIEW BY STATE EXECUTIVE  |
|  |              |                  |  | ORDER 12372      | PROCESS?                     |  | Section and Company Company Company and Section Sectio |
| . Federal \$   | 5,419        | ,000.00          | ¥***   | a. Yes. XX A     | HIS PREAPP<br>VAILABLE TO    | LICATION/<br>THE STA                   | APPLICATION WAS MADE<br>TE EXECUTIVE ORDER 12372   |
| . Applicant \$   |              | ,000.00          | .00  |                  | ROCESS FO                    |  |  |
| State \$   | 1,505        | ,000.00          | . 00   | D.               | ATE: 1/15                    | /09                                    |  |
| Local \$   |              |                  |  | b. No. 🕮 PI      | ROGRAM IS                    | NOT COVE                               | ERED BY E. O. 12372  |
| Other \$   | 5-70         |                  | - 00   |                  |                              | HAS NOT                                | BEEN SELECTED BY STATE   |
| Program Income \$  |              |                  | - 00   | F(               | OR REVIEW<br>PPLICANT DE     | LINQUEN                                | T ON ANY FEDERAL DEBT?   |
| TOTAL \$   | 6 700        | ,000.00          |  | ☐ Yes If "Yes    | s" attach an ev              | colanation                             | XX No  |
| B. TO THE BEST OF MY KNOW<br>DCUMENT HAS BEEN DULY A<br>TTACHED ASSURANCES IF TH | VLEDGE A     | ND BELIEF, A     | OVERNING BODY OF T   | LICATION/PRE     | APPLICATIO                   | N ARE TE                               | RUE AND CORRECT. THE   |
| Authorized Representative  |              |                  |  |                  |                              |  |  |
| efix Ms.   | First Name   | Kim              | 161  |                  | Middle Name                  |  |  |
| st Name<br>Turner  |              |                  |  |                  | Suffix                       |  |  |
| Transit Direct   | or           | <b>3.0</b> 00.00 | ···  |                  | c. Telephone<br>(310)        | Number (g<br>781-6                     | ive area code)   |
| Signature of Authorized Represe  |              |                  |  |                  | e. Date Signe                | ed                                     | • 85 86  |
| evious Edition Usable  |              |                  |  |                  |                              | 1/15                                   | / 09<br>Standard Form 424 (Rev.9-2003)   |
| thorized for Local Reproduction  |              |                  |  |                  |                              | 1                                      | Prescribed by OMB Circular A-102   |

| APPLICATION FOR   |                          |                    |                        |  | Version 7/  |
|---|--------------------------|--------------------|------------------------|--|---|
| FEDERAL ASSISTANC   | E                        | January 15,        | 2009                   | Applicant Ide                              | entifier<br>1666                                    |
| 1. TYPE OF SUBMISSION: Application  | Pre-application          | 3. DATE RECEIVED B | Y STATE                | State Applica                              | ation Identifier                                    |
| ☐ Construction  | Construction             | 4. DATE RECEIVED B | Y FEDERAL AG           | ENCY Federal Iden                          | tifier  |
| Non-Construction 5. APPLICANT INFORMATIO  | Non-Construction         |                    |                        |  |   |
| Legal Name:   | /IN                      |                    | Organization           |  |   |
| City of Torrance  |                          |                    | Department:<br>Transit | Department                                 |   |
| Organizational DUNS:  | -13-619-0357             |                    | Division:              |  | W1/V  |
| Address:  | 15 017 0557              |                    |                        |  | erson to be contacted on matters                    |
| Street:   |                          |                    | Prefix:                | application (give ar<br>First Name:        | ea code)  |
| 20500 Madrona Ave   | nue RE                   | CEIVED             | Mr.<br>Middle Name     |  | Jim   |
| Torrance  |                          |                    |                        |  |   |
| County:<br>Los Angeles  |                          | 2 3 2009           | Last Name<br>Mill      | s  |   |
| State:<br>California  | Zip Code 90503           | CLEARING HOUSE     | Suffix:                |  |   |
| Country:<br>United States   | STATE                    | LEARINGTIO         | Email:                 | ls@torrnet.co                              | nm  |
| 6. EMPLOYER IDENTIFICATION  | ON NUMBER (EIN):         | Character at 1     |                        | r (give area code)                         | Fax Number (give area code)                         |
|   | 95-6000803               |                    | (310) 6                |  | (310) 618-6229                                      |
| 8. TYPE OF APPLICATION:   |                          | _                  |                        |  | ck of form for Application Types)                   |
| XX Ne If Revision, enter appropriate let (See back of form for description      | tter(s) in box(es)       | n                  | Other (specify)        | Local/City                                 | y Government  |
| Other (specify)   |                          |                    |                        | EDERAL AGENCY:                             |   |
| 10. CATALOG OF FEDERAL  | DOMESTIC ASSISTANCE      | E NUMBER:          |                        | <u>l Transit Adı</u><br>TVE TITLE OF APPLI |   |
| TITLE (Name of Program):  |                          |                    | Alternat               | ive Fuel Bus                               | Replacement 2009<br>ransit Department               |
| 12. AREAS AFFECTED BY PR  | OJECT (Cities, Counties, | States, etc.):     |                        | ID: CA-04-00                               | <del>-</del>  |
| City of Torrance/   | ,                        | •                  |                        |  |   |
| 13. PROPOSED PROJECT  |                          |                    |                        | SIONAL DISTRICTS                           |   |
| Start Date: 4 / 1 / 09  | Ending Date: 12/         | 31/12              | a. Applicant Dist. 3   | 5 & 37                                     | b. Project  |
| 15. ESTIMATED FUNDING:  |                          | •                  |                        | ATION SUBJECT TO                           | REVIEW BY STATE EXECUTIVE                           |
| a. Federal \$   | 2,125,584.00             | 00                 | a. Yes. T              | IS PREAPPLICATION                          | I/APPLICATION WAS MADE<br>ATE EXECUTIVE ORDER 12372 |
| o. Applicant \$   |                          |                    |                        | AILABLE TO THE ST.<br>OCESS FOR REVIEV     |   |
| c. State \$   | 236,176.00               | 00                 | DA                     | TE: 1/15/09                                |   |
| f. Local \$   |                          |                    |                        |  | ERED BY E. O. 12372                                 |
| e. Other \$   |                          | 00                 | D. 140.                |  | T BEEN SELECTED BY STATE                            |
|   |                          |                    | FO                     | REVIEW                                     |   |
| . Program Income \$   |                          |                    | 17. IS THE APP         | LICANT DELINQUE                            | NT ON ANY FEDERAL DEBT?                             |
| ı. TOTAL \$   | 2,361,760.00             | •                  |                        | attach an explanation                      |   |
| 8. TO THE BEST OF MY KNOW<br>OCUMENT HAS BEEN DULY A<br>TTACHED ASSURANCES IF T | AUTHORIZED BY THE G      | OVERNING BODY OF T |                        |  |   |
| . Authorized Representative   | First Name               |                    |                        | Aiddle Name                                |   |
| Ms.   | Kim                      |                    |                        | Suffix                                     |   |
| ast Name<br>Turner  |                          |                    |                        |  |   |
| Transit Direct  | tor                      |                    | c                      | . Telephone Number (<br>(310) 781–6        | give area code)<br>930                              |
| Signature of Authorized Repres  |                          |                    | е                      | . Date Signed                              | -   |
| evious Edition Usable   |                          |                    |                        | 1/13                                       | Standard Form 424 (Rev.9-2003)                      |
| uthorized for Local Reproduction  | 1                        |                    |                        |  | Prescribed by OMB Circular A-102                    |

## **PART I - FACE SHEET**

| <b>APPLICATION FOR FE</b>   | DERAL ASSIST  | 1. TYPE OF SUBMISSION:  |  |                                   |  |  |  |
|---|---|---|--|-----------------------------------|--|--|--|
| Modified Standard Form 424 (Rev.02/07 to con  | firm to the Corporation's eGrant  | ts System)  | Application X Non-Construction                             |                                   |  |  |  |
| 2a. DATE SUBMITTED TO CORPORATION<br>FOR NATIONAL AND COMMUNITY<br>SERVICE (CNCS):<br>01/20/09  | 3. DATE RECEIVED BY STATE   | E:  | STATE A PPLICATION<br>08SR085235                           | N IDENTIFIER:                     |  |  |  |
| 2b. APPLICATION ID:   | 4. DATE RECEIVED BY FEDER   | RAL AGENCY:   | FEDERAL IDENTIFIER:  |                                   |  |  |  |
| 09SR095700  | 01/20/09  |   |  |                                   |  |  |  |
| 5. A PPLICATION INFORMATION   |   |   |  |                                   |  |  |  |
| LEGAL NAME: VNA & Hospice of Southern CA DUNS NUMBER: 054281436  ADDRESS (give street address, city, state, zip of 150 W First St Suite 270 Claremont CA 91711 - 4750 County: Los Angeles                     | PERSON TO BE<br>area codes):<br>NAME: Patricia<br>TELEPHONE NU<br>FAX NUMBER: | NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):  NAME: Patricia A. Henny  TELEPHONE NUMBER: (909) 482-0355  FAX NUMBER: (909) 624-1294  INTERNET E-MAIL ADDRESS: phenny@vnasocal.org |  |                                   |  |  |  |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 951733155  |   | 7. TYPE OF APF<br>7a. Non-Profit<br>7b. Community-  | PLICANT: Based Organization                                | RECEIVED                          |  |  |  |
| 8. TYPE OF APPLICATION (Check appropriate be NEW X NEW/PRE CONTINUATION AMENDMI If Amendment, enter appropriate letter(s) in box A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify be |   |   | JAN 2 3 2009 STATE CLEARING HOUSE                          |                                   |  |  |  |
|   |   |   | DERAL AGENCY:<br>ion for National                          | and Community Service             |  |  |  |
| 10a. CATALOG OF FEDERAL DOMESTIC ASSIS     10b. TITLE: Retired and Senior Volunteer Progr      12. AREAS AFFECTED BY PROJECT (List Cities,  | RSVP West   | 11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP West Valley-San Bernardino County  11.b. CNCS PROGRAM INITIATIVE (IF ANY):   |  |                                   |  |  |  |
| California, West Valley of San Bernardino Ca<br>areas of Alta Loma, Bloomington, Chino, Chir  |   |   |  |                                   |  |  |  |
| 13. PROPOSED PROJECT: START DATE: 04/0  | 1/09 END DATE: 03/30/   | 110 14. CONGRESSI   | IONAL DISTRICT OF:   | a.Applicant CA 26 b.Program CA 26 |  |  |  |
| 15. ESTIMATED FUNDING: Year #: 1  |   | 1   |  | EW BY STATE EXECUTIVE             |  |  |  |
| a. FEDERAL  | \$ 68,700.00  | ORDER 12372 P   |  | ICATION WAS MADE AVAILABLE        |  |  |  |
| b. APPLICANT  | \$ 71,226.00  |   | E STATE EXECUTIVE OF                                       | RDER 12372 PROCESS FOR            |  |  |  |
| c. STATE  | \$ 0.00   | DATE  | 00 MAP 00  |                                   |  |  |  |
| d. LOCAL  | \$ 71,226.00  | NO. PROGR   | RAM IS NOT COVERED   | BY E.O. 12372                     |  |  |  |
| e. OTHER  | \$ 0.00   | property  | ICANT DELINQUENT ON<br>'ES if "Yes," attach an             | parado.                           |  |  |  |
| f. PROGRAM INCOME   | \$ 0.00   |   |  | Δ                                 |  |  |  |
| g. TOTAL  | \$ 139,926.00   | 00000000000000000000000000000000000000  |  |                                   |  |  |  |
| 18. TO THE BEST OF MY KNOWLEDGE AND BEL<br>DULY AUTHORIZED BY THE GOVERNING BODY<br>IS AWARDED.   |   |   |  |                                   |  |  |  |
| a. TYPED NAME OF AUTHORIZED REPRESENTA<br>Marsha Fox  |   | VNA & Hospice of Southe   | c. TELEPHONE NUMBER: Hospice of Southern CA (909) 624-3574 |                                   |  |  |  |
| d. SIGNATURE OF AUTHORIZED REPRESENTAT  | ive:  |   |  | e. DATE SIGNED:<br>01/20/09       |  |  |  |



## PART I - FACE SHEET

| APPLICATION FOR FEDERAL ASSISTANCE   |   |   | 1. TYPE OF SUBMISSION:  |                                   |           |       |  |
|--|---|---|---|-----------------------------------|-----------|-------|--|
| Modified Standard Form 424 (Rev.02/07 to   | confirm to the Corporation's eGrants Sys  | stem)   | Application X Non-Construction  |                                   |           |       |  |
| 2a. DATE SUBMITTED TO CORPORATION<br>FOR NATIONAL AND COMMUNITY<br>SERVICE (CNCS):   | 3. DATE RECEIVED BY STATE:  | STATE APPLICATION IDENTIFIER: 95-2280871  |   |                                   |           |       |  |
| 2b. A PPLICATION ID:<br>09SR096317   | 4. DATE RECEIVED BY FEDERAL A   | GENCY:  | FEDERAL IDENTIFIE   | R:                                |           |       |  |
| 5. A PPLICATION INFORMATION  |   |   |   |                                   |           |       |  |
| LEGAL NAME: Long Beach Jewish Communication DUNS NUMBER: 069927374  ADDRESS (give street address, city, state, 3801 E Willow St Long Beach CA 90815 - 1734 County: Los Angeles                           | NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):  NAME: Diane L. Johnson  TELEPHONE NUMBER: (562) 506-2801  FAX NUMBER: (562) 424-3915  INTERNET E-MAIL ADDRESS: djohnson@alpertjcc.org |   |   |                                   |           |       |  |
|  | PREVIOUS GRANTEE IDMENT DOX(es):  | 7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Service/Civic Organization  RECEIVED  JAN 2 3 2009  STATE CLEARING HOUSE |   |                                   |           |       |  |
| 10a. CATALOG OF FEDERAL DOMESTIC AS 10b. TITLE: Retired and Senior Volunteer P 12. AREAS AFFECTED BY PROJECT (List Cit Artesia, Bellflow er, Carson, Cerritos, Co Beach, Lakew ood, San Pedro, Seal Beac |   |   |   |                                   |           |       |  |
| 13. PROPOSED PROJECT: START DATE: (  | 04/01/09 END DATE: 03/31/12   | 14. CONGRESSION   | NAL DISTRICT OF:  | a.Applicant CA 46                 | b.Program | CA 46 |  |
| 15. ESTIMATED FUNDING: Year #: 1   |   | 16. IS APPLICATIO   | N SUBJECT TO REV  | EW BY STATE EXECUTIVE             | VE        | -     |  |
| a. FEDERAL b. APPLICANT c. STATE   | \$ 84,288.00<br>\$ 52,313.00<br>\$ 0.00   | YES. THIS PR  | ORDER 12372 PROCESS?  YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: |                                   |           |       |  |
| d. LOCAL   | \$ 19,000.00  | NO. PROGRA  | M IS NOT COVERED  | BY E.O. 12372                     |           |       |  |
| e. OTHER   | \$ 33,313.00  |   | ANT DELINQUENT ON if "Yes," attach a  | NANY FEDERAL DEBT? n explanation. | NO        |       |  |
| f. PROGRAM INCOME  | \$ 0.00   |   |   |                                   |           |       |  |
| g. TOTAL   | \$ 136,601.00   |   |   |                                   | 500-000   |       |  |
| I 8. TO THE BEST OF MY KNOWLEDGE AND B<br>DULY AUTHORIZED BY THE GOVERNING BO<br>S AWARDED.  |   |   |   |                                   |           |       |  |
| a. TYPED NAME OF AUTHORIZED REPRESEN   | TATIVE: b. TITLE:   |   |   | c. TELEPHONE NUMBI                | ER:       |       |  |
| Jeff Antonoff  | Executive Directo   | or  |   | 562-426-7601                      |           |       |  |
| d. SIGNATURE OF AUTHORIZED REPRESENT   | ATIVE:  |   |   | e. DATE SIGNED:                   | 7         |       |  |

| APPLICATION FOR FEDERAL ASSISTANCE  | 2. DATE SUB<br>01/20/2009   | MITTED licant Identifier                                     |                                  |                                  |  |
|---|---|--|----------------------------------|----------------------------------|--|
| SF 424 (R&R)  | 3. DATE RECI  | EIVED BY STATE   | State Applica                    | tion Identifier                  |  |
| 1. * TYPE OF SUBMISSION   | 4. Federal Ide  | entifier   |                                  |                                  |  |
| Pre-application Changed/Corrected Application   |   |  |                                  | DECEIVED                         |  |
| 5. APPLICANT INFORMATION  |   | * Organizational [   | OUNS: 82713668                   | 5                                |  |
| * Legal Name: Sparsix Corporation   |   |  |                                  | JAN 2 6 2009                     |  |
| Department:   | Division:   |  |                                  |                                  |  |
| * Street1: 236 West Portal Avenue   | Street2: #2   | 221  |                                  | STATE CLEARING HOUSE             |  |
| * City: San Francisco Cou   | inty: San Franc   | sco  | * State: CA: Cal                 | TOTI                             |  |
| Province:   | * Country: JNIT   | ED ST * ZIP / Postal Code: 94                                | 127                              |                                  |  |
| Person to be contacted on matters involving this applica Prefix: * First Name:  Mr. John  * Phone Number: 415-425-6896  | tion Middle Name: Victor ax Number:                                 | Bats   | t Name:<br>on<br>Email: vicb@spa | Suffix:                          |  |
|   | ax realibor.  |  | - viob@opu                       | (SIX.OSIII                       |  |
| 6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):  |   | 7. * TYPE OF APPLICANT:                                      |                                  |                                  |  |
| 203677982   |   |  | R: Small Busin                   | ess                              |  |
| 8. * TYPE OF APPLICATION: V New   |   | Other (Specify):   | l Business Organiz               | vation Type                      |  |
| Resubmission Renewal Continuation   | Revision  | Women Owned  |                                  | y and Economically Disadvantaged |  |
| If Revision, mark appropriate box(es).  |   | 9. * NAME OF FEDERAL AGENCY:                                 |                                  |                                  |  |
| A. Increase Award  B. Decrease Award  C. Inc  | rease Duration  | Chicago Service Center                                       |                                  |                                  |  |
| D. Decrease Duration E. Other (specify):  |   | 10. CATALOG OF FEDERAL                                       | DOMESTIC ASSIS                   | STANCE NUMBER:                   |  |
| * Is this application being submitted to other agencies?  | Yes No <b>√</b>   | 81.049   |                                  |                                  |  |
| What other Agencies?  |   | TITLE: Office of Science Fin                                 | ancial Assistance                | Program                          |  |
| 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJEC   | :T:   |  |                                  |                                  |  |
| Development of the Uncertain Grids Method for Solution  | of Multidimension   | nal PDEs   |                                  |                                  |  |
| 12. * AREAS AFFECTED BY PROJECT (cities, counties) Nation   | es, states, etc.)   | _  |                                  |                                  |  |
| 13. PROPOSED PROJECT:   |   | 14. CONGRESSIONAL DISTR                                      | ICTS OF:                         |                                  |  |
|   |   | a. * Applicant   | b. * Pro                         | oject                            |  |
| * Start Date  | $\neg$  |  |                                  |                                  |  |
| * Start Date  |   | CA-012   | US-all                           |                                  |  |
| 06/01/2009 05/31/2012  15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR  |   | CA-012  ORMATION   |                                  | 0.5                              |  |
| 06/01/2009 05/31/2012  15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: * First Name:  | Middle Name:  | CA-012  ORMATION  * Las                                      | Name:                            | Suffix:                          |  |
| 06/01/2009 05/31/2012  15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR  |   | CA-012  ORMATION  * Las  Diyar                               | Name:                            |                                  |  |
| 06/01/2009 05/31/2012  15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: * First Name: Mr. Oleg   | Middle Name:<br>V.  | CA-012  ORMATION  * Las  Diyar                               | Name:                            |                                  |  |
| 06/01/2009  15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: * First Name: Mr. Oleg Position/Title: Vice President   | Middle Name:  V.  * Organization                                    | CA-012  ORMATION  * Las  Diyar                               | Name:                            |                                  |  |
| 06/01/2009  05/31/2012  15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: * First Name:  Mr. Oleg  Position/Title: Vice President  Department: Research & Development  * Street1: 2300 Lakeview Parkway                         | Middle Name:  V.  * Organizatio  Division:                          | CA-012  ORMATION  * Las  Diyar  on Name: Sparsix Corporation | Name:                            | PhD                              |  |
| 06/01/2009  05/31/2012  15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: * First Name:  Mr. Oleg  Position/Title: Vice President  Department: Research & Development  * Street1: 2300 Lakeview Parkway  * City: Alpharetta Cou | Middle Name:  V.  * Organization  Division:  Street2:  Inty: Fulton | CA-012  ORMATION  * Las  Diyar  on Name: Sparsix Corporation | Name:<br>kov                     | PhD                              |  |

OMB Number: 4040-0001 Expiration Date: 04/30/2008

| SF 424 (R&R) APPLI   |  |  | Page Page  |
|--|--|--|--|
| 16. ESTIMATED PROJECT FUNDING  | ■ 2 0 E  | TIS APPLICATION SUBJECT TO REVIEW<br>ORDER 12372 PROCESS?  | / BY STATE EXECUTIVE                                 |
| a. * Total Estimated Project Funding b. * Total Federal & Non-Federal Funds c. * Estimated Program Income  | 4,689,087.00   | THIS PREAPPLICATION/APPLICATIO | CUTIVE ORDER 12372  ( E.O. 12372; OR                 |
|  |  |  |  |
| true, complete and accurate to the resulting terms if I accept an awariminal, civil, or administrative    * I agree  * The list of certifications and assurances   | e best of my knowledge. I also pro<br>ard. I am aware that any false, fictit<br>benalties. (U.S. Code, Title 18, Section   | vide the required assurances * and agri<br>ous, or fraudulent statements or claim  | ee to comply with any<br>s may subject me to         |
| true, complete and accurate to the resulting terms if I accept an away criminal, civil, or administrative  | ne best of my knowledge. I also pro and. I am aware that any false, fictitive nalties. (U.S. Code, Title 18, Section or an Internet site where you may obtain this Middle Name:  | vide the required assurances * and agr<br>ous, or fraudulent statements or claim<br>on 1001)   | ee to comply with any<br>s may subject me to         |
| true, complete and accurate to the resulting terms if I accept an award criminal, civil, or administrative  I agree  * The list of certifications and assurances,  19. Authorized Representative  Prefix:  * First Name:             | e best of my knowledge. I also pro and. I am aware that any false, fictit benalties. (U.S. Code, Title 18, Section or an Internet site where you may obtain this   | vide the required assurances * and agricus, or fraudulent statements or claim on 1001)  list, is contained in the announcement or agency   | ee to comply with any s may subject me to            |
| true, complete and accurate to the resulting terms if I accept an away criminal, civil, or administrative   * I agree  * The list of certifications and assurances  19. Authorized Representative  Prefix:  * First Name:  Mr.  John | ne best of my knowledge. I also pround. I am aware that any false, fictitional ties. (U.S. Code, Title 18, Section or an Internet site where you may obtain this Middle Name:    Victor   Victor | vide the required assurances * and agricus, or fraudulent statements or claim on 1001)  list, is contained in the announcement or agency to the contained in the announcement of the contained in the announcement or agency to the contained in the announcement of the contained in | ee to comply with any s may subject me to            |
| true, complete and accurate to the resulting terms if I accept an away criminal, civil, or administrative    V   | ne best of my knowledge. I also pround. I am aware that any false, fictitional ties. (U.S. Code, Title 18, Section or an Internet site where you may obtain this Middle Name:    Victor   Victor | vide the required assurances * and agricus, or fraudulent statements or claim on 1001)  list, is contained in the announcement or agency to the state of the stat | ee to comply with any s may subject me to            |
| resulting terms if I accept an aw criminal, civil, or administrative   | we best of my knowledge. I also pround. I am aware that any false, fictitional ties. (U.S. Code, Title 18, Section or an Internet site where you may obtain this  Middle Name:  Victor  * Organization:  Division:   | vide the required assurances * and agricus, or fraudulent statements or claim on 1001)  list, is contained in the announcement or agency to the state of the stat | ee to comply with any s may subject me to            |
| true, complete and accurate to the resulting terms if I accept an away criminal, civil, or administrative    V   | we best of my knowledge. I also pround. I am aware that any false, fictitional ties. (U.S. Code, Title 18, Section or an Internet site where you may obtain this  Middle Name:  Victor  * Organization:  Division:   | vide the required assurances * and agricus, or fraudulent statements or claim on 1001)  list, is contained in the announcement or agency at Last Name:  Batson  Sparsix Corporation  | ee to comply with any s may subject me to            |
| true, complete and accurate to the resulting terms if I accept an award criminal, civil, or administrative    V  | we best of my knowledge. I also pro and. I am aware that any false, fictitive nalties. (U.S. Code, Title 18, Section or an Internet site where you may obtain this Middle Name:    Victor  | vide the required assurances * and agricus, or fraudulent statements or claim on 1001)  list, is contained in the announcement or agency at Last Name:  Batson  Sparsix Corporation  #221  * State: CA: 0  | s may subject me to  specific instructions.  Suffix: |

Completed on submission to Grants.gov

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

20. Pre-application

OMB Number: 4040-0001

Delete Attachment | View Attachment

Completed on submission to Grants.gov

Add Attachment

Delete Attachment View Attachment

Expiration Date: 04/30/2008

OMB Approval No. 0348-0043 2. DATE SUBMITTED Applicant Identifi APPLICATION FOR January 16, 2009 FEDERAL ASSISTANCE 1. TYPE OF 3. DATE RECEIVED BY STATE State Application Identifier SUBMISSION: Preapplication Application ☑ Construction ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ☐ Non-Construction ☐ Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Port of Oakland Acting by and through its Board of Port Port of Oakland Commissioners Address (give city, county, state, and zip code) Name and telephone number of the person to be contracted on matters involving RECEIVED this application (give area code) 530 Water Street Christina Lee Oakland, CA 94607 JAN 2 7 2009 (510) 627-1510 EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box)  $\mathbf{C}$ A State H. Interdependent School District B. County State Controlled Institution of Higher Learning Private University C. Municipal D. Township Indian Tribe 8. TYPE OF APPLICATION: E. Interstate Individual Intermunicipal M. Profit Organization Revision New New Continuation G. Special District N. Other (Specify) If Revision, enter appropriate letter(s) in box(es): Increase Award B Decrease Award Increase Duration D Decrease Duration Other (specify) 9. NAME OF FEDERAL AGENCY Federal Aviation Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 2 6 East Apron Reconstruction, Phase 3 (EAP3) Improvements TITLE: Airport Improvement and Overlay of Taxilane Sierra and West Apron Ramp, Program (AIP) 12. AREAS AFFECTED BY PROJECT (cities, countles, states, etc.): South Field, OIA San Francisco Bay Area 14. CONGRESSIONAL DISTRICTS OF 13. PROPOSED PROJECT **Ending Date** 7b. Project Start Date a. Applicant 08/09 02/104 15. ESTIMATED FUNDING 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS .00 THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a. Federal a. YES. 1,843,521 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON b. Applicant \$ 444,010 c. State \$ DATE: January 16, 2009 \$ b. NO d. Local PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program income \$ g. TOTAL .00 2,287,531 Yes If yes, attach an explanation

c. Telephone number (510) 627-1133

Prescribed by OMB Circular A-102

e. Date Signed

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS

Director of Aviation

**AWARDED** 

Steve Grossman

Previous Editions Not Usat

a. Typed Name of Authorized Representative

d. Signature of Authorized Representative

FE COF LOOP

| FEDERAL ASSISTANCE  | <u> </u>   | 2. DATE SUBMITTED  |                                      | Applicant Ide                           | ntifier Valsion 7/0.                              |
|---|--|--|--------------------------------------|---|---|
| 1. TYPE OF SUBMISSION:  | <u> </u>   | January 26, 2009  3. DATE RECEIVED BY  | STATE                                | State Applica                           | tion identifier                                   |
| Application   | Pre-application  |  |                                      |   | (4)   |
|   | Construction   | 4. DATE RECEIVED BY  | FEDERAL AGENCY                       | Federal Ident                           | ifier   |
| Non-Construction  5. APPLICANT INFORMATION                                    | Non-Construction   |  |                                      | l.                                      |   |
| Legal Name:   | - Commencer  |  | Organizational Un                    | ılt:                                    |   |
| County of Plumas  | RE   |  | Department:                          | y Services                              |   |
| Organizational DUNS:<br>01-099-7419   | 1-10   | CEIVED   | Division: Airpoi                     |   | -   |
| Address:  | JA   | N 2 8 2000   | Name and telepho                     | ne number of pe                         | erson to be contacted on matters                  |
| Street:<br>198 Andy's Way   | 1  | 2009   | Involving this app<br>Prefix:        | First Name:                             | ea code)  |
| -   | STATE  | CLEARING HOUSE   | Mr.                                  | Joe                                     |   |
| City;<br>Quincy   | - The state of the | -LANING HOUSE  | Middle Name                          |   |   |
| County:<br>Plumas   |  | and the second s | Last Name<br>Wilson                  |   |   |
| State:<br>California  | Zip Code<br>95971  |  | Suffix:                              | _                                       |   |
| Country: USA  | NEXT Y 3000 (SOLE) A TALES   |  | Email:                               |   |   |
| 6. EMPLOYER IDENTIFICATIO   | N NUMBER (EIN):  |  | Phone Number (giv                    | e area code)                            | Fax Number (give area code)                       |
| 9 4 - 6 0 0 0 5 2 8   |  |  | (530) 283-6070                       |   | (530) 283-6088                                    |
| 8. TYPE OF APPLICATION:   | year,  |  | 7. TYPE OF APPL                      | CANT: (See bad                          | k of form for Application Types)                  |
| If Revision, enter appropriate lett   | v   Continuation   | n Revision   | B. County                            |   |   |
| (See back of form for description   | of letters.)   | П  | Other (specify)                      | *                                       |   |
| Other (specify)   | _  | Lucal  | 9. NAME OF FEDE                      | RAL AGENCY:                             |   |
| 10. CATALOG OF FEDERAL I  | DOMESTIC ASSISTANC   | E NUMBER:  | 11. DESCRIPTIVE                      | TITLE OF APPL                           | CANT'S PROJECT:                                   |
|   |  | 20-106   |                                      |   | vourth, Plumas County, California                 |
| TITLE (Name of Program):<br>Airport Improvement Program                       |  |  |                                      | sign and Construction (III, Compass Ros | ction or:<br>se, Replace Rotating Beacon;         |
| 12. AREAS AFFECTED BY PR  |  | , States, etc.):   | Reseal Pave<br>Engineering De        | ament Joints and                        | Paint Airfield Markings                           |
| Beckwourth, Plumas County, Ca   | alifornia  | a = 1500 × 10 × 10 × 10  |                                      |   | nt - Three 5-unit Buildings                       |
| 13. PROPOSED PROJECT  |  |  | 14. CONGRESSIO                       | NAL DISTRICTS                           | OF:   |
| Start Date:<br>2009   | Ending Date:<br>2009   |  | a. Applicant                         |   | b. Project<br>02                                  |
| 15. ESTIMATED FUNDING:  | 2505   |  |                                      | N SUBJECT TO                            | REVIEW BY STATE EXECUTIVE                         |
| a. Federal \$   |  |  | ORDER 12372 PRO                      |   | N/APPLICATION WAS MADE                            |
|   |  | 602,750  | AVAIL                                | ABLE TO THE ST                          | ATE EXECUTIVE ORDER 12372                         |
| b. Applicant \$   |  | 22,181   | PROCI                                | ESS FOR REVIE                           | W ON  |
| c. State \$   |  | 20,069   | DATE:                                | January 27, 2009                        | 9   |
| d. Local \$   | 9  | 0 '  | b. No. III PROG                      | RAM IS NOT COV                          | /ERED BY E. O. 12372                              |
| e. Other \$   | ж и и и и  | 0 .  | OR PR                                |   | T BEEN SELECTED BY STATE                          |
| f. Program Incomo \$  |  | 0 .  |                                      |   | NT ON ANY FEDERAL DEBT?                           |
| g. TOTAI \$   |  | 845,000  | ☐Yes If "Yes" alle                   | ich en explenation                      | n. 🗷 Na   |
| 18. TO THE BEST OF MY KNO<br>DOCUMENT HAS BEEN DULY<br>ATTACHED ASSURANCES IF | AUTHORIZED BY THE  | , ALL DATA IN THIS APP<br>GOVERNING BODY OF  | PLICATION/PREAPP<br>THE APPLICANT AN | LICATION ARE                            | TRUE AND CORRECT. THE<br>ANT WILL COMPLY WITH THE |
| a. Authorized Representative<br>Prefix<br>Mr.                                 | First Name   | ī :  | Midd                                 | lle Name                                |   |
|   | Joe  |  | 200.000                              | 21 2001 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |   |
| Wilson  |  |  | Suffi                                |   |   |
| b. Title<br>Airport Coordinator   | 1 . 1  |  |                                      | elephone Number<br>30) 283-6070         | (give area code)                                  |
| d. Signature of Authorized Repre  | sentative //   |  |                                      | ate Signed                              | halos   |
| Provious Edition Usable   | Ju hr  | 3 ***  |                                      | ——— <i>4</i>                            | 77 / 09<br>Standard Form 424 (Rev.9-2003)         |
| Authorized for Local Reproduction   | on //  |  |                                      | /                                       | Prescribed by OMB Circular A-102                  |

| APPLICATION FOR   |  | TO DATE CUDMITTED  |  | Applicant Ida                    | Version 7/03  |
|---|--|--|--|----------------------------------|---|
| FEDERAL ASSISTANCE  |  | 2. DATE SUBMITTED<br>January 26, 2009  |  | Applicant Ider                   | numer   |
| 1. TYPE OF SUBMISSION: Application  | Pre-application  | 3. DATE RECEIVED B   | Y STATE  | State Applicat                   | llon Identifier   |
| Construction  | Construction   | 4. DATE RECEIVED B   | Y FEDERAL AGENCY   | Faderal Identi                   | fler  |
| Non-Construction  | Non-Construction   |  |  |                                  |   |
| 5. APPLICANT INFORMATION  | 1 NON-CONSTRUCTION   | ***  | upuse .  |                                  |   |
| Legal Name:   |  |  | Organizational Unit:<br>Department:  | _                                |   |
| County of Plumes  | SERVICE STREET AND ADDRESS OF THE PARTY OF T | der franchische fan de state d | racility S   | Services                         |   |
| Organizational DUNS:<br>01-099-7419   | DEC  | EIVED  | Division:<br>Airports  |                                  |   |
| Address:  | HEO  | LIVED  |  |                                  | rson to be contacted on matters                                 |
| Street:<br>198 Andy's Way   | JAN  | 2 8 2009   | Involving this applic<br>Prefix:<br>Mr.  | First Namo:<br>Joe               | a codej   |
| City:<br>Quincy   |  |  | Middle Name  |                                  |   |
| County:<br>Plumas   | THE PROPERTY OF THE PROPERTY O | ARING HOUSE  | Last Name<br>Wilson  |                                  |   |
| State:<br>California  | Zip Code<br>95971  |  | Sulfix:  |                                  |   |
| Country: USA  |  |  | Email:   |                                  |   |
| 6. EMPLOYER IDENTIFICATIO   | N NUMBER (EIN):  |  | Joewilson@countyofp<br>Phone Number (give a  |                                  | Fax Number (give area code)                                     |
|   |  |  | (530) 283-8070   |                                  | (630) 283-6088  |
| 9 4 - 6 0 0 0 5 2 8<br>8. TYPE OF APPLICATION:                                    |  |  | V  | NT: (See hac                     | k of form for Application Types)                                |
| P New   | Continuation   | n  | production of the production o | ANTI (CEB DEC                    | ( contain the representation ( pool)                            |
| If Revision, enter appropriate lette<br>(See back of form for description         | ar(a) in box(aa)   |  | B. County Other (specify)  |                                  | 1.  |
| Other (specify)   |  | Ш  | 9. NAME OF FEDERA<br>Federal Aviation Adm  |                                  |   |
| 10. CATALOG OF FEDERAL D  | OMESTIC ASSISTANC  | E NUMBER:  | 11. DESCRIPTIVE TI   | TLE OF APPLI                     | CANT'S PROJECT:   |
| TITLE (Name of Program): Airport Improvement Program 12. AREAS AFFECTED BY PRO    | DJECT (Citios, Counties  | 2 0 - 1 0 6<br>, States, etc.):  |  | sossment (EA):<br>on - Tee Henge | unty, California<br>r Development<br>re Construction Projects   |
| Quincy, Plumas County, Californ   | nia  |  |  |                                  |   |
| 13. PROPOSED PROJECT  | Ending Date:   |  | 14. CONGRESSIONA   | L DISTRICTS                      |   |
| Start Date:<br>2009   | Ending Date:<br>2009   |  | e, Applicant<br>02   |                                  | b. Project<br>02  |
| 15. ESTIMATED FUNDING:  |  |  |  |                                  | REVIEW BY STATE EXECUTIVE                                       |
| a. Federal \$   |  | 00   | ORDER 12372 PROC   |                                  | I/APPLICATION WAS MADE  |
| b. Applicant \$   |  | 181,450<br>5,014   | AVAILAB  | LE TO THE STA<br>S FOR REVIEW    | ATE EXECUTIVE ORDER 12372<br>V ON                               |
| c. State \$   | les destruction  | 4,536  | DATE: Ja   | nuary 27, 2009                   | )   |
| d. Local \$   | * 1// =  | 0 '  | b. No. D PROGRA  | M IS NOT COV                     | ERED BY E. O. 12372   |
| e. Other  |  | 0 '  | OR PROC  |                                  | T BEEN SELECTED BY STATE  |
| f. Program Income \$  |  | 0.   |  |                                  | NT ON ANY FEDERAL DEBT?   |
| g. TOTAL \$   | W 5005 AND 55 US   | 191,000 '"   | ☐ Yes If "Yes" attach  |                                  |   |
| 16. TO THE BEST OF MY KNO<br>DOCUMENT HAS BEEN DULY A<br>ATTACHED ASSURANCES IF T | AUTHORIZED BY THE  | GOVERNING BODY OF  | PLICATION/PREAPPLICE THE APPLICANT AND   | THE APPLICA                      | RUE AND CORRECT. THE<br>NT WILL COMPLY WITH THE                 |
| a. Authorized Representative Prefix Mr.   | First Name   | 0-01-  | Middle   | Name                             |   |
| Mr.<br>Last Name<br>Wilson  | Joc  | · ·  | Suffix   |                                  |   |
| b. Title  |  |  | c. Tele  | olrone Number                    | (give area code)  |
| Airport Coordinator   | annially / //  |  | (530)  | 283-G070                         | / /   |
| d. Signature of Authorized Ropres Previous Edition Usable                         | semenve In III   |  | e. Date  | Signed                           | 29/09   |
| Authorized for Local Reproduction   | n //   |  |  | /                                | Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102 |

| APPLICATION FOR                                      |                      |  |                              |   | Version 7/0:                                      |
|--|----------------------|--|------------------------------|---|---|
| FEDERAL ASSISTANCE                                   | E                    | 2, DATE SUBMITTED  |                              | Applicant Ider                          | ntifier   |
| 1. TYPE OF SUBMISSION:                               | Pre-application      | January 26, 2009 3. DATE RECEIVED BY   | STATE                        | State Applicat                          | lion Identifier                                   |
| Construction   | Construction         | 4. DATE RECEIVED BY  | FEDERAL AGENCY               | Federal Identi                          | fier  |
| Non-Construction 5. APPLICANT INFORMATION            | Mon-Construction     | on   |                              |   |   |
| Legal Namo:  |                      | granupun programmen (programmen programmen p | Organizational Unit:         |   | 40 / 10 to 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| County of Plumas                                     | Year                 | RECEIVE  | Peparlment:<br>Facility      | Services                                |   |
| Organizational DUNS;<br>01-099-7419                  |                      |  | Division:<br>Airports        | 180                                     | ▼ ▼ ▼ Entropheconolis                             |
| Address:   |                      | JAN 2 8 2009   | Name and telephone           |   | rson to be contacted on matters                   |
| Street:<br>198 Andy's Way                            |                      |  | involving this applic        | ation (give are<br>First Name:          | en code)  |
|  |                      | STATE CLEARING HO  | Prelix;<br>ME<br>Middle Name | Joa<br>Joa                              | 1100  |
| City:<br>Qulincy                                     |                      | OCCUPATION DESCRIPTION OF THE PROPERTY OF THE  | Middle Name                  |   |   |
| County:  |                      |  | Last Name<br>Wilson          |   |   |
| State:<br>Culifornia                                 | Zip Code<br>95971    |  | Suffix:                      | 490720                                  | 98) 6   |
| Country:   | 95971                |  | Email:                       |   |   |
| USA  |                      |  | joewilson@countyofr          |   | <del></del>                                       |
| 6. EMPLOYER IDENTIFICATION                           |                      |  | Phone Number (give a         | rea code)                               | Fax Number (give area code)                       |
| 94-6000520   |                      | ***  | (530) 283-6070               |   | (530) 283-6088                                    |
| 8. TYPE OF APPLICATION:                              | (T)                  | f D  |                              | ANT: (See bac                           | k of form for Application Types)                  |
| If Revision, enter appropriate let                   | llar(s) in box(es)   | ation   Revision   | B. County                    |   |   |
| (See back of form for description                    | n of letters.)       |  | Other (specify)              |   |   |
| Other (specify)                                      | , ,                  | ш  | 9. NAME OF FEDER             |   |   |
| 10. CATALOG OF FEDERAL                               | DOMESTIC ASSIST      | ANCE NUMBER:   | 11. DESCRIPTIVE TI           | TLE OF APPLI                            | CANT'S PROJECT:                                   |
|  |                      | 2 0 - 1 0 6  | Gansner Fleid, Quir          |   | unty, California<br>r Development - 25,17 Acres   |
| TITLE (Name of Program): Airport Improvement Program | n                    |  | Land Acquisitio              | nı - rec mangai                         | Development - 25,17 Acres                         |
| 12. AREAS AFFECTED BY PE                             |                      | offes, States, etc.):  |                              |   |   |
| Quincy, Plumas County, Califor                       | mia                  |  |                              |   |   |
| 13. PROPOSED PROJECT                                 |                      |  | 14. CONGRESSION              | L DISTRICTS                             |   |
| Start Date:<br>2009                                  | Ending Date:<br>2009 |  | a. Applicant<br>02           |   | b. Project<br>02                                  |
| 15. ESTIMATED FUNDING:                               |                      | •  |                              |   | REVIEW BY STATE EXECUTIVE                         |
| a. Federal \$  |                      |  | ORDER 12372 PROC             |   | I/APPLICATION WAS MADE                            |
| b. Applicant \$                                      | (                    | 329,650  | AVAILAB                      | LE TO THE ST.                           | ATE EXECUTIVE ORDER 12372                         |
|  | (                    | 9,109  |                              | S FOR REVIEV                            |   |
| c. State   |                      | 6,241  | DATE: J                      | anuary 27, 2009                         | )   |
| d. Local \$  | K.                   | O ,  | h. No. [ PROGRA              | M IS NOT COV                            | ERED BY E. O. 12372                               |
| e. Other '\$   |                      | 0  |                              |   | T BEEN SELECTED BY STATE                          |
| f. Program Income \$                                 |                      | 0  | 17. IS THE APPLICA           | NT DELINQUE                             | NT ON ANY FEDERAL DEBT?                           |
| g. TOTAL \$  |                      | 347,000  | Thee If "Yes" attact         | an oxplanation                          | ı. KZ No  |
| 18. TO THE BEST OF MY KNO                            | WLEDGE AND BEL       | IEF, ALL DATA IN THIS APP  | LICATION/PREAPPLI            | CATION ARE T                            | RUE AND CORRECT. THE                              |
| DOCUMENT HAS BEEN DULY<br>ATTACHED ASSURANCES IF     | AUTHORIZED BY T      | HE GOVERNING BODY OF T   | ME APPLICANT AND             | THE APPLICA                             | NT WILL COMPLY WITH THE                           |
| a. Authorized Representative                         |                      | o AWARDED.   |                              | *************************************** |   |
| Mr. Fix  | First Name<br>Joc    |  | Middle                       | Neme                                    |   |
| l ast Name<br>Wilson                                 |                      |  | Suffix                       |   | 1017  |
| b. Title<br>Airport Coordinator                      | /                    | 11   |                              | phone Number                            | (givo arca code)                                  |
| d. Signature of Authorized Repre                     | ssentative /         | 1  |                              | 203-6070<br>Signed                      |   |
| Previous Edition Usable                              | Je W                 | <b></b>  |                              | 1/8                                     | 7 /09<br>/Slandard Form 424 (Rov.9-2003)          |
| Authorized for Local Reproduction                    | on //                |  |                              | /                                       | Prescribed by OMB Circular A-102                  |

| APPLICATION FOR FEDERAL ASSISTANCE   |                         | 2. DATE SUBMITTED  |                                   | Applicant Iden  | Version 7/03   |
|--|-------------------------|--|-----------------------------------|---|--|
| 1. TYPE OF SUBMISSION:   | <u> </u>                | January 26, 2009  3. DATE RECEIVED BY  | STATE                             | State Applicat  | on identifier  |
| Application  | Pre-application         |  |                                   |   |  |
| Construction   | Construction            | 4. DATE RECEIVED BY  | FEDERAL AGEN                      | CY Federal Identif  | ller   |
| Non-Construction 5. APPLICANT INFORMATION  | Non-Construction        | / <del>-</del> ,,  | _                                 |   |  |
| Legal Name:  |                         | <u> </u>   | Organizational                    | Unit:   |  |
| County of Plumas   | -                       |  |                                   | cility Services   |  |
| Organizational DUNS:<br>01-099-7419  | I RF                    | CENTED   | Division:                         | ports   |  |
| Address:   |                         | THED   |                                   |   | rson to be contacted on matters                                    |
| Street:<br>198 Andy's Way  | I JAN                   | 2 8 2009   | Involving this a                  | pplication (give are<br>First Name;                               | a code)  |
|  |                         | 2 6 2009   | Mr.                               | Joe   | When   |
| City:<br>Quincy  | STATE CL                | EARING HOUSE   | Middle Name                       | 20.53   |  |
| County:<br>Plumas  | Texton Control          | 3000   | Last Name<br>Wilson               |   |  |
| State:<br>California   | Zlp Codc<br>95971       |  | Suffix:                           |   | ···Viii  |
| Country: USA   | (7,077)                 | ****   | Emall:                            |   |  |
| 6. EMPLOYER IDENTIFICATIO  | N NUMBER (EIN)          |  | Phone Number (                    | ntyofplumes.com   | Fax Number (give area codo)  |
| No. of New York States and |                         |  | (530) 283 6070                    | give area sees,   | (530) 283-6088   |
| 94-6000528<br>8. TYPE OF APPLICATION:  |                         |  |                                   | PLICANT: (See hec   | c of form for Application Types)                                   |
| ₽ Nov  | Continuation            | n 🔲 Revision   |                                   |   | ,                            |
| If Revision, enter appropriate lett  | er(s) in box(es)        | !  | B. County                         |   |  |
| (See back of form for description  | Of letters.)            |  | Other (specify)                   |   |  |
| Other (specify)  |                         | <del>-</del>   | 9. NAME OF FE<br>Federal Aviation | DERAL AGENCY:<br>Administration                                   | -  |
| 10. CATALOG OF FEDERAL   | OMESTIC ASSISTANC       | E NUMBER:  | 11. DESCRIPTI                     | VETITLE OF APPLI  | CANT'S PROJECT:  |
| TITLE (Name of Program):   |                         | 20-106   | Environment                       | Chester, Plumes Cou<br>al Assessment (FA):<br>raft Tie Down Apron | 7.75   |
| Alrport Improvement Program  12. AREAS AFFECTED BY PR  | O IECT (Cities Countles | States etc.):  |                                   | n of Runway 16-34   | ana nangar   |
| Chester, Plurnas County, Califor   |                         | , оппов, вго.).  |                                   |   |  |
| 13. PROPOSED PROJECT   |                         | · Summer and a sum | 14. CONGRESS                      | IONAL DISTRICTS   | OF:  |
| Start Date:  | Ending Date:            |  | a. Applicant                      |   | b. Project   |
| 2009<br>15. ESTIMATED FUNDING:   | 2009                    |  | 18 APPLICA                        | TION SUBJECT TO   | 02 REVIEW BY STATE EXECUTIVE                                       |
|  |                         | 151  | ORDER 12372 P                     | ROCESS?   | W. 177-01  |
| u. Federal \$  |                         | 408,500  | a. Yes. 12 THIS                   | S PREAPPLICATION<br>III ABI E TO THE STA                          | VAPPLICATION WAS MADE<br>ATE EXECUTIVE ORDER 12372                 |
| b. Applicant \$  |                         | 11,268   |                                   | CESS FOR REVIEW   |  |
| c. State \$  |                         | 10,212   | DAT                               | ©: January 27, 2008   | ).   |
| d. local   |                         | 0 0  | b. No. 🗂 PRO                      | GRAM IS NOT COV   | ERED BY E. O. 12372  |
| a. Other \$  |                         | O .  |                                   | PROGRAM HAS NO  | T BEEN SELECTED BY STATE   |
| f. Program Income \$   |                         | U .  |                                   |   | NT ON ANY FEDERAL DEBT?  |
| g. TOTAL \$  |                         | 430,000  | Yes If "Yes" :                    | attach an explanation   | . El No  |
| 16. TO THE BEST OF MY KNO<br>DOCUMENT HAS BEEN DULY  | WLEDGE AND BELIEF       | ALL DATA IN THIS API   | PLICATION/PREA                    | PPLICATION ARE T  | RUE AND CORRECT. THE   |
| ATTACHED ASSURANCES IF T   |                         |  | THE ATTEMPTOR                     | AND THE AFFLICA   | THE COMPLET WITH THE   |
| a. Authorized Representative Prefix Mr.  | First Name<br>Joe       |  | N                                 | liddle Name   | 11 10  |
| Last Name<br>Wilson  |                         | •  | 8                                 | uffix   |  |
| b. Title<br>Alreart Coordinator  | / /                     |  |                                   | Telephone Number  | (give Ries code)   |
| d. Signature of Authorized Repre   | sentative ///           | × 1- 0-  | e                                 | (530) 283-6070<br>. Date Signed                                   | balon  |
| Previous Edition Usable  | for the                 |  |                                   |   | 169/09   |
| Authorized for Local Reproduction  | n //                    |  |                                   | /   | Stendard Form 424 (Rev.9-2003)<br>Prescribed by OMB Circular A-102 |

| APPLICATION FOR   |  |  | -   | T   | Version 7/03  |
|---|--|--|---|---|---|
| FEDERAL ASSISTANCE  |  | 2. DATE SUBMITTED<br>January 26, 2009  |   | Applicant Ider                            | lifier  |
| 1. TYPE OF SUBMISSION:  |  | 3. DATE RECEIVED BY  | STATE                                     | State Applicat                            | ion Identifier  |
| Application   | Pre-application  |  |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   |
| Construction  | Construction   | 4. DATE RECEIVED BY  | FEDERAL AGENCY                            | Federal Identi                            | fier  |
| Non-Construction  | Non-Construction   |  |   |   |   |
| 5. APPLICANT INFORMATION  |  |  | T=  |   |   |
| Legal Name:   |  |  | Organizational Unit:<br>Department:       |   |   |
| County of Plumas  |  |  | Facility 5                                | Services                                  |   |
| Organizational DUNS;<br>01-099-7419                                       |  |  | Division:                                 |   |   |
| Address:  |  |  | Airports                                  | number of ne                              | rson to be contacted on matters                                 |
| Street:   |  | The same of the sa | involving this applic                     |   |   |
| 198 Aridy's Way   | A STATEMENT OF THE PARTY OF THE | SEN/ED   | Prefix;<br>Nr.                            | First Name:                               |   |
| Çity:   | - R  | FCEIVED  | Middle Name                               | Joe                                       |   |
| Quincy  | 1.1  |  | Middle Harrie                             |   |   |
| County:   |  | JAN 2 8 2009   | Last Name<br>Wison                        |   |   |
| Plumes<br>State:  | 7in Codo   |  | CIMIN                                     |   |   |
| Celifornia  | Zip Code<br>95971  | - DING HOUS  | EL.                                       |   |   |
| Country: USA  | STA  | TE CLEARING HOUS   | Ernuil:                                   | lumas care                                |   |
| 6. EMPLOYER IDENTIFICATIO   | A A  | ·····································  |   |   | Fax Number (give area code)                                     |
|   | , ,  |  |   | ioa coda)                                 |   |
| 9 4 - 6 0 0 0 5 2 8   |  |  | (530) 283-6070                            |   | (530) 263-6088  |
| 8. TYPE OF APPLICATION:   |  |  | 7. TYPE OF APPLICA                        | NT: (See bac                              | k of form for Application Types)                                |
| New New   |  | n 🔲 Revision   | B. County                                 |   |   |
| If Revision, enter appropriate lette<br>(See back of form for description | er(9) in box(e9)<br>of letters.)   |  | Other (specify)                           |   |   |
| (Coc Duck of Ichinical Colonial Price)                                    |  |  | Cinci (Cpccii)                            |   |   |
| Other (specify)   |  |  | 9. NAME OF FEDERA                         |   |   |
| 10. CATALOG OF FEDERAL D  | CAMECTIC ADDIČTANÍ   | E NUMBER.  | Federal Aviation Adm                      | 5-14-14-14-14-14-14-14-14-14-14-14-14-14- | CANTIE DOG IECT.  |
| 10. CATALOG OF FEDERAL L  | OMESTIC ASSISTANC  |  |   |   |   |
|   |  | 2  0 -[1  0  6   | Rogers Field, Chest-<br>Engineering Desig |   | inly, California  |
| TITLE (Name of Program):<br>Airport Improvement Program                   |  |  | Develop Engl I                            | Няпдяг Агея                               |   |
| 12. AREAS AFFECTED BY PRO   | OJECT (Cities, Coupling  | States etc.)   | Extend Taxiwa                             | y A lo End Pav                            | ement Runway 16   |
| Chester, Plumes County, Califor   | The state of the s | , 314130, 515.7.   |   | ee Hangar Taxl                            | ways<br>g Access Road, Taxilanes & Apron                        |
|   | i ii Ç   |  |   | <del>_</del>                              |   |
| 13. PROPOSED PROJECT Start Dale:  | Ending Date:   |  | 14. CONGRESSIONA  a. Applicant            | LDISTRICTS                                | b. Project  |
| 2009  | 2008   |  | 02  |   | 02  |
| 15. ESTIMATED FUNDING:  |  |  |   |   | REVIEW BY STATE EXECUTIVE                                       |
| a. Federal \$   |  | w w  | ORDER 12372 PROC                          | E997                                      | I/APPLICATION WAS MADE  |
| a. rederai  |  | 1,976,950  |   |   | ATE EXECUTIVE ORDER 12372                                       |
| b. Applicant 5  |  | 54,626   |   | S FOR REVIEW                              |   |
| c. State \$   |  | 00   | DATE                                      | nuary 27, 2009                            | <b>,</b>  |
|   |  | 49,424   | DAIL. V                                   | madiy Er, Eood                            | ,   |
| d. Local \$   |  | 0 .00  | b. No. III PROGRA                         | M IS NOT COV                              | ERED BY E. O. 12372   |
| e. Other \$   |  | CO   | 00.0000                                   | RAM HAS NO                                | T BEEN SELECTED BY STATE  |
| 33-02 (VICCHES 4 50-02)   |  | υ΄   | FOR REV                                   | TEW                                       |   |
| f. Program Income \$  |  | O , 00   | 17. IS THE APPLICAL                       | NT DELINQUE                               | NT ON ANY FEDERAL DEBT?   |
| g. TOTAL \$   |  | <b>E</b> 0   |   |   | t-70  |
|   |  | 2,081,000  | Yes if "Yes" attach                       |   |   |
| 18. TO THE BEST OF MY KNO<br>DOCUMENT HAS BEEN DULY                       | WLEDGE AND BELIEF  | , ALL DATA IN THIS APP   | LICATION/PREAPPLI                         | CATION ARE I                              | RUE AND CORRECT. THE  |
| ATTACHED ASSURANCES IF T  |  |  | HE AFFLICANT AND                          | THE AFFLICA                               | INT WILL COMPLY WITH THE  |
| a. Authorized Representative  | Fi-AN-   |  | The filter constants                      |   |   |
| Prefix<br>Mr.   | First Name<br>Joe  |  | Middla                                    | Nemo                                      |   |
| Last Name   |  |  | Suffix                                    |   | 40. (4) W.                  |
| Wilson  |  |  |   |   |   |
| b. Title<br>Airport Coordinator   |  | .1   |   | phone Number<br>) 283-8070                | (give area code)  |
| d. Signature of Authorized Repre-   | sentative /  | the  |   | Signed ,                                  | landes  |
| Dravious Edition Hartis   |  | pr~  |   | //  | 27/09   |
| Previous Edition Usable Authorized for Local Reproduction                 | 7  |  |   | •   | Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102 |

| APPLICATION FOR FEDERAL ASSISTANCE  | :                     | 2. DATE SUBMITTE   |                                       | Applicant Iden   | Version 7/03   |
|---|-----------------------|--|---------------------------------------|--|--|
|   |                       | January 26, 2009   | )                                     |  |  |
| 1. TYPE OF SUBMISSION:<br>Application   | Pre-application       | 3. DATE RECEIVED   |                                       | State Applicat   |  |
| Construction  | Constructio           | The state of the s | BY FEDERAL AGE                        | NCY   Federal Identi   | her  |
| Non-Construction  | Non-Constru           | ction  |                                       |  |  |
| 5. APPLICANT INFORMATION Legal Name:  |                       |  | Organizationa                         | al Unit:   |  |
| City of Alturas   |                       |  | Department:                           |  |  |
| Organizational DUNS:  |                       |  | Division:                             | ublic Works  |  |
| 15-416-1728   |                       | THE RESERVE OF THE PROPERTY OF | · · · · · · · · · · · · · · · · · · · |  |  |
| Address:  |                       | -RECEIVED  |                                       | phone number of pe<br>application (give are                  | rson to be contacted on matters a code)                            |
| 200 W. North Street   |                       | I than O bear to M from he   | Prefix:                               | First Name:  |  |
| City  |                       | - JAN 2 8 2009   | Mr.<br>Middle Name                    | Chester  |  |
| City:<br>Alturas  |                       |  |                                       |  |  |
| County:<br>Modoc  |                       | STATE CLEARING HOL   | Last Name<br>Robertson                |  |  |
| State:<br>California  | Zip Code<br>96101     | STATE CITATING FOR   | Suffix:                               |  |  |
| Country:  | 90101                 |  | Email:                                |  |  |
| 6. EMPLOYER IDENTIFICATIO   | N NUMBER (FA          | n ·  |                                       | ityofalturas.org   | Fax Number (give area code)  |
|   |                       | y.   | 530-233-2377                          | (give area code)   |  |
| 94-6000290  | <u> </u>              |  |                                       | DDI ICANT, (See hee  | 530-233-3559<br>k of form for Application Types)                   |
| 8. TYPE OF APPLICATION:   | Tra                   |  | /. TYPE OF A                          | PPLICANT: (See back  | k of form for Application Types)                                   |
| If Revision, enter appropriate lette  | er(s) in box(es)      | nuation 🔲 Revision   | C. Municipal                          |  |  |
| (See back of form for description   | of letters.)          | 1  | Other (specify)                       |  |  |
| Other (specify)   |                       |  |                                       | EDERAL AGENCY:   |  |
| 10. CATALOG OF FEDERAL E  | OMESTIC ASSI          | STANCE NUMBER:   |                                       | IVE TITLE OF APPLI   | CANT'S PROJECT:  |
|   |                       | 20-106   | Alturas Munic                         | pal Airport, Alturas, M                                      | odoc County, California  |
| TITLE (Name of Program):  |                       | 20-1100  |                                       | of Water Lines and Fire                                      | e Hydrant<br>y, and Apron Pavements                                |
| Airport Improvement Program   | 0 1507 (0:5 C         | Chatan atali   |                                       | its in Runway, Taxiwa  | y, and Aproff Pavements  |
| 12. AREAS AFFECTED BY PRO   |                       | ouniles, States, etc.):  | 1                                     |  |  |
| City of Alturas, Modoc County, C<br>13. PROPOSED PROJECT                        |                       |  | 14 CONCRES                            | SIONAL DISTRICTS   | OF:  |
| Start Date:   | Ending Date:          |  | a. Applicant                          | SIGNAL DISTRICTS   | b. Praject   |
| 2009  | 2009                  |  | 0:                                    | _  | 02   |
| 15. ESTIMATED FUNDING:  |                       |  | 16, IS APPLIC<br>ORDER 12372          |  | REVIEW BY STATE EXECUTIVE  |
| a. Federal \$   |                       | 493.050  | Van ET TH                             | IIS PREAPPLICATION   | APPLICATION WAS MADE   |
| b. Applicant \$   |                       | cu   |                                       | ROCESS FOR REVIEW  | ATE EXECUTIVE ORDER 12372<br>V ON                                  |
| c. State \$   |                       | 13,624   |                                       | TE: January 27, 2009   |  |
|   |                       | 12,326   |                                       |  |  |
| d. Local \$   |                       | 0  | D. NO. 11 J                           |  | ERED BY E. O. 12372  |
| e. Other \$   |                       | 0 `  |                                       | R PROGRAM HAS NO<br>OR REVIEW                                | T BEEN SELECTED BY STATE   |
| f. Program Income \$  |                       | O .  |                                       |  | NT ON ANY FEDERAL DEBT?  |
| g. TOTAL \$   | -                     | 519,000  | ☐ Yes If 'Yes                         | " attach an explanation                                      | . 🗹 No   |
| 18. TO THE BEST OF MY KNO<br>DOCUMENT HAS BEEN DULY<br>ATTACHED ASSURANCES IF 1 | AUTHORIZED B          | RELIEF, ALL DATA IN THIS A<br>Y THE GOVERNING BODY (   | APPLICATION/PREDET THE APPLICAN       | APPLICATION ARE T<br>T AND THE APPLICA                       | RUE AND CORRECT. THE<br>NT WILL COMPLY WITH THE                    |
| a. Authorized Representative  | First Name            |  |                                       | Middle Nome  |  |
| Prefix<br>Mr.   | First Name<br>Chester |  |                                       | Middle Name  |  |
| Robertson   |                       |  |                                       | Suffix   |  |
| b. Title<br>Director of Public Works  |                       |  |                                       | <ul> <li>Telephone Number</li> <li>(530) 233-2377</li> </ul> | (give area code)   |
| d. Signature of Authorized Repre  | sentative /           | t Kept   |                                       | e. Date Signed   | 27/09  |
| Previous Edition Usable<br>Authorized for Local Reproductio                     |                       | 7  |                                       |  | Standard Form 424 (Rev.9-2003)<br>Prescribed by OMB Circular A-102 |

| APPLICATION FOR   |                                      | A DATE OUDSTITE                       |                        |  | Version 7/03  |  |  |
|---|--------------------------------------|---------------------------------------|------------------------|--|---|--|--|
| January 26, 20  |                                      | 2. DATE SUBMITTED<br>January 26, 2009 |                        | Applicant ide  | Applicant Identifier  |  |  |
| 1. TYPE OF SUBMISSION: Application                              | Pre-application                      | 3. DATE RECEIVED BY                   | STATE                  | State Applica  | lion Identifier   |  |  |
| Construction  | Construction                         | 4. DATE RECEIVED BY                   | FEDERAL AGE            | NCY Federal Ident  | fier  |  |  |
| Non-Construction  | Non-Construction                     |                                       |                        |  |   |  |  |
| 5. APPLICANT INFORMATION Legal Name:                            |                                      |                                       | Organization           | al Unit:   |   |  |  |
| City of Alturas   |                                      |                                       | Department:            | Public Works   | 9   |  |  |
| Organizational DUNS:  |                                      |                                       | Division:              | TUDIC VVOIKS   |   |  |  |
| 15-416-1728<br>Address:   |                                      |                                       | Name and tel           | enhane number of or  | erson to be contacted on matters                                |  |  |
| Streel:   | 1                                    |                                       | involving this         | application (give are  | a code)   |  |  |
| 200 W. North Street   | / RF                                 | OF                                    | Prefix:<br>Mr.         | First Name:<br>Chester   |   |  |  |
| City:<br>Alturas  |                                      | CEIVED                                | Middle Name            |  |   |  |  |
| County:<br>Modoc  | JAN                                  | 2 8 2009                              | Last Name<br>Robertson |  |   |  |  |
| State:<br>California  | Zip Code STATE CL                    |                                       | Suffix:                |  |   |  |  |
| Country: USA  | ULL                                  | ARING HOUSE                           | Email:<br>crobertson@c | ityofalturas.org   |   |  |  |
| 6. EMPLOYER IDENTIFICATIO                                       | N NUMBER (EIN):                      | - 50                                  | Phone Numbe            | r (give area code)   | Fax Number (give area code)                                     |  |  |
| 94-6000290  |                                      |                                       | 530-233-2377           |  | 530-233-3559  |  |  |
| 8. TYPE OF APPLICATION:   |                                      |                                       | 7. TYPE OF A           | PPLICANT: (See bac   | k of form for Application Types)                                |  |  |
| If Revision, enter appropriate letter                           | / □ Continuation<br>er(s) in box(es) | Revision                              | C. Municipal           |  |   |  |  |
| (See back of form for description                               | П                                    | Other (specify)                       |                        |  |   |  |  |
| Other (specify)   |                                      |                                       |                        | 9. NAME OF FEDERAL AGENCY:<br>Federal Aviation Administration  |   |  |  |
| 10. CATALOG OF FEDERAL D  | OMESTIC ASSISTANC                    | E NUMBER:                             | 11. DESCRIP            | IVE TITLE OF APPLI   | CANT'S PROJECT:   |  |  |
|   |                                      | 20-106                                |                        | Alturas Municipal Airport, Alturas, Modoc County, California<br>Environmental Assessment (EA):   |   |  |  |
| TITLE (Name of Program): Airport Improvement Program            |                                      |                                       | Land Ac                | quisition and Avigation  | Easements   |  |  |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): |                                      |                                       |                        | 13-31 Extension and  | th Street Relocation  |  |  |
| City of Alturas, Modoc County, C                                | California                           |                                       | 15                     |  |   |  |  |
| 13. PROPOSED PROJECT  |                                      |                                       |                        | SIONAL DISTRICTS   |   |  |  |
| Start Date:<br>2009   | Ending Date: 2009                    |                                       | a. Applicant 0         | 2  | b. Project<br>02  |  |  |
| 15. ESTIMATED FUNDING:  |                                      |                                       | 16. IS APPLIC          |  | REVIEW BY STATE EXECUTIVE                                       |  |  |
| a. Federal \$   |                                      | 118.750                               | a Ves M                | IS PREAPPLICATION  | VAPPLICATION WAS MADE   |  |  |
| b. Applicant \$   |                                      | 00                                    |                        | ROCESS FOR REVIEW  | ATE EXECUTIVE ORDER 12372<br>V ON                               |  |  |
| c. State \$   |                                      | 3,281                                 | DA                     | TE: January 27, 2009   | •   |  |  |
| d. Local \$   |                                      | 2,969                                 | 25                     | Service Committee of the Committee of th | ERED BY E. O. 12372   |  |  |
| e. Other \$   |                                      | 0,                                    | D. 140. ILE            |  | T BEEN SELECTED BY STATE  |  |  |
| f. Program (ncome \$  |                                      | 0 1                                   | FC                     | R REVIEW   | NT ON ANY FEDERAL DEBT?   |  |  |
| g. TOTAL \$   |                                      | 0 -                                   |                        | " attach an explanation  |   |  |  |
| 18. TO THE BEST OF MY KNO                                       | WLEDGE AND BELIEF.                   | 125,000<br>ALL DATA IN THIS APP       |                        |  |   |  |  |
| DOCUMENT HAS BEEN DULY  | AUTHORIZED BY THE                    | GOVERNING BODY OF T                   | HE APPLICAN            | T AND THE APPLICA  | NT WILL COMPLY WITH THE   |  |  |
| ATTACHED ASSURANCES IF ?  a. Authorized Representative          | HE ASSISTANCE IS AV                  | VARUED.                               |                        |  |   |  |  |
| Prefix<br>Mr.   | First Name<br>Chester                |                                       |                        | Middle Name  | 4   |  |  |
| Last Name<br>Robertson  |                                      |                                       |                        | Suffix   |   |  |  |
| b. Title<br>Director of Public Works                            | ^                                    |                                       |                        | c. Telephone Number<br>(530) 233-2377  | (give area code)  |  |  |
| d. Signature of Authorized Repres                               | sentative tet                        | Lett                                  |                        | e Date Signed /  | 7/09  |  |  |
| Previous Edition Usable Authorized for Local Reproduction       | , C                                  | 1                                     |                        |  | Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102 |  |  |

| APPLICATION FOR  |  |   |  |   | Version 7/                                     |  |
|--|--|---|--|---|--|--|
| FEDERAL ASSISTANCE   |  | 2. DATE SUBMITTED<br>January 27, 2009   |  | Applicant Ide   | Applicant Identifier                           |  |
| 1. TYPE OF SUBMISSION: Application   | Pre-application  | 3. DATE RECEIVED BY STATE   |  |   | State Application Identifier                   |  |
| Construction   | Construction   | 4. DATE RECEIVED  | BY FEDERAL AG  | ENCY Federal Iden   | ntifier  |  |
| Non-Construction   | Non-Construction   |   |  |   |  |  |
| 5. APPLICANT INFORMATION Legal Name:   |  |   | Organization   | al (in)r  |  |  |
|  | -  |   | Department:  |   |  |  |
| City of South Lake Tahoe   | DES  | and the selections making the selection of the selection | Division:  | Department of Public  | Works  |  |
| Organizational DUNS: 09-5883476  | REC  | FIVED   |  |   |  |  |
| Address: Street:   | 1  |   |  | Name and telephone number of person to be contacted on matters involving this application (give area code)  |  |  |
| 1052 Tata Lane   | JAN 2  | <b>9</b> 2009   | Prefix:  | First Name:   |  |  |
| City:<br>South Lake Tahoe  | STATE CLEA   | RING HOUSE  | Middle Name  |   |  |  |
| County:<br>El Dorado   | and the same of th | HOUSE   | Last Name<br>Jenkins                                   |   |  |  |
| Slate:<br>California   | Zip Code<br>96150  |   | Suffix:  |   |  |  |
| Country: USA   |  |   | Email:   | @cityofsit.us   |  |  |
| 6. EMPLOYER IDENTIFICATIO  | N NUMBER (EIN):  |   |  | (give area code)  | Fax Number (give area code)                    |  |
| 94-1610868   | _  |   | (530) 542-618  |   | (530) 544-6366                                 |  |
| 8. TYPE OF APPLICATION:  | *  |   | 7. TYPE OF A   | PPLICANT: (See ba   | ck of form for Application Types)              |  |
| If Revision, enter appropriate lett<br>(See back of form for description   | Revision   | C. Municipal<br>Other (specify)   |  |   |  |  |
| Other (specify)  |  | H   |  | EDERAL AGENCY:<br>on Administration   |  |  |
| 10. CATALOG OF FEDERAL   | OMESTIC ASSISTANC  | E NUMBER:   | 11. DESCRIPT   | IVE TITLE OF APPL   | ICANT'S PROJECT:                               |  |
| TITLE (Name of Program): Airport Improvement Program  12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.): South Lake Tahoe; El Dorado County; Douglas City, Nevada |  |   | Engineering<br>Terminal Rai<br>Phase 1 - A<br>Ramp - A | Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California Engineering Design of Terminal Ramp Rehabilitation Terminal Ramp Rehabilitation: Phase 1 - Airline Ramp - PCC Section (275' x 425') and North Ramp - AC Section (125' x 275') Phase 2- South Ramp - AC Section (250' x 240') |  |  |
| 13. PROPOSED PROJECT   |  |   |  | SIONAL DISTRICTS  |  |  |
| Start Date:  | Ending Date:<br>2009   |   | a. Applicant   |   | b. Project                                     |  |
| 15. ESTIMATED FUNDING:   | 12000  |   |  | 경기 및 귀대장 항상 [대 영화 시간] [대 18 18 18 18 18 18 18 18 18 18 18 18 18   | REVIEW BY STATE EXECUTIVE                      |  |
| a. Federal \$  |  | 4.636,950   | L REZ TH   | IS PREAPPLICATION   | N/APPLICATION WAS MADE                         |  |
| b. Applicant \$  |  | 128,126   |  | AILABLE TO THE ST<br>OCESS FOR REVIE  | ATE EXECUTIVE ORDER 12372<br>W ON              |  |
| c. State \$  | r ·  | 115,924   | DA   | TE: January 28, 200   | 9  |  |
| d. Local \$  |  | .00   | b. No. I   | OGRAM IS NOT CO   | /ERED BY E. O. 12372                           |  |
| e. Other \$  | 141  | .00   | - OR   | PROGRAM HAS NO  | OT BEEN SELECTED BY STATE                      |  |
| f. Program Income \$   |  | do  |  |   | NT ON ANY FEDERAL DEBT?                        |  |
| g. TOTAL \$  |  | 4,881,000   |  | attach an explanation   |  |  |
| 18. TO THE BEST OF MY KNOW<br>DOCUMENT HAS BEEN DULY A<br>ATTACHED ASSURANCES IF T   | AUTHORIZED BY THE C  | OVERNING BODY   | APPLICATION/PRE/<br>OF THE APPLICANT                   | APPLICATION ARE T<br>AND THE APPLICA  | FRUE AND CORRECT. THE INT WILL COMPLY WITH THE |  |
| a. Authorized Representative<br>Prefix<br>Mr.  | First Name<br>Rick   |   |  | Middle Name   |  |  |
| Last Name<br>Angelocci   |  |   |  | Suffix  |  |  |
| b. Title<br>Assistant City Manager   |  |   |  | c. Telephane Number (give area code)  |  |  |
| d. Signature di Allihorized Appresentali) e  |  |   |  | (530) 542-6048<br>b. Date Signed<br>1/28/0  | O1   |  |
| Previous Edition Usable  | 5  |   | N-177  | 10010   | Standard Form 424 (Rev.9-2003)                 |  |
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| APPLICATION FOR   | _                                      | O DATE OUDINITIES  |  |                         | Version 7/0   |  |
|---|--|--|--|-------------------------|---|--|
| FEDERAL ASSISTANCE  |  | 2. DATE SUBMITTED<br>January 23, 2009  |  | Applicant Identifier    |   |  |
| 1. TYPE OF SUBMISSION: Application  | Pre-application                        | 3. DATE RECEIVED BY STATE  |  | State Applica           | State Application Identifier                                    |  |
| ☑ Construction  | Construction                           | 4. DATE RECEIVED BY FEDERAL AGE  |  | '   Federal Iden        | tifier  |  |
| Non-Construction 5. APPLICANT INFORMATION                                       | Non-Construction                       |  |  |                         |   |  |
| Legal Name:   | 1                                      |  | Organizational Un                                    | it:                     |   |  |
| Dobbins-Oregon House Improv   | rement Foundation                      |  | Department:  |                         |   |  |
| Organizational DUNS: 8294276[[  |  | and the same of th | Division:  |                         |   |  |
| Address:<br>Street:   | REC                                    | The Manager of the Control of the Co | Name and telepho involving this app                  |                         | erson to be contacted on matters ea code)                       |  |
| 9185 Marysville Road  | IANES                                  | 2009   | Prefix:<br>Mr  | First Name:<br>Michael  |   |  |
| City:<br>Oregon House, CA 95962   |  | 2 2009   | Middle Name  |                         |   |  |
| County:<br>Yuba   | STATE CLEA                             | RING HOUSE   | Last Name<br>Lee                                     | 3318.1.3.3.3.3.3.30.000 |   |  |
| State:<br>CA  | Zip Code<br>95962                      | and the same of th | Suffix:  |                         | 7,000   |  |
| Country:<br>U.S.  |  | · · · · · · · · · · · · · · · · · · ·  | Email:<br>dragonfly@ez2.net                          |                         |   |  |
| 6. EMPLOYER IDENTIFICATION  | N NUMBER (EIN):                        |  | Phone Number (give                                   |                         | Fax Number (give area code)                                     |  |
| 77-0368595  | 7                                      |  | 530-692-9006   |                         |   |  |
| 8. TYPE OF APPLICATION:   |  |  | 7. TYPE OF APPLI                                     | CANT: (See bad          | ck of form for Application Types)                               |  |
| <b>V</b> Nev  |  | n Revision   | O - 501(c)(3) Nonpr                                  | ofit Public Renef       | it Corporation  |  |
| If Revision, enter appropriate let<br>(See back of form for description         | ter(s) in box(es) of letters.)         |  | Other (specify)                                      |                         | it Gorporation  |  |
| Other (specify)<br>Application for subsequent gran                              | , t                                    |  | 9. NAME OF FEDE<br>USDA Rural Develo                 |                         |   |  |
| 10. CATALOG OF FEDERAL  |  | CE NUMBER:   |  |                         | ICANT'S PROJECT:  |  |
| TITLE (Name of Program):<br>Community Facilities Grant Pro                      | gram                                   | 10-766   | Construction of a co<br>Dobbins and Orego            |                         | to serve the communities of<br>Yuba County.                     |  |
| 12. AREAS AFFECTED BY PR  |  | s, States, etc.):  |  |                         |   |  |
| Dobbins and Oregon House, CA  | Α                                      |  |  |                         |   |  |
| 13. PROPOSED PROJECT Start Date:  | Ending Date:                           |  | a. Applicant   | IAL DISTRICTS           | OF: b. Project  |  |
| 1999  | April 2009                             |  | 2  |                         | 2   |  |
| 15. ESTIMATED FUNDING:  |  |  | OPDED 12272 DDO                                      | CECC3                   | REVIEW BY STATE EXECUTIVE                                       |  |
| a. Federal \$   |  | 100,000  | AVAILA   | BLE TO THE ST           | NAPPLICATION WAS MADE<br>ATE EXECUTIVE ORDER 12372              |  |
| b. Applicant \$   |  | 450,000  | PROCE  | SS FOR REVIE            | N ON  |  |
| c. State \$   |  | 9,876  | DATE:  | 1/23/2009               |   |  |
| d. Local \$<br>Yuba County  |  | 124,667  | b. No. iii PROGR                                     | AM IS NOT COV           | /ERED BY E. O. 12372  |  |
| e. Other Sonations, Fundraising   |  | 370,090  |  |                         | T BEEN SELECTED BY STATE  |  |
| f. Program Income \$  |  | bo   | 17. IS THE APPLICA                                   |                         | NT ON ANY FEDERAL DEBT?   |  |
| g. TOTAL \$   |  | 1,054,633  | Yes If "Yes" attac                                   | h an explanation        | ı. ☑ No   |  |
| 18. TO THE BEST OF MY KNO<br>DOCUMENT HAS BEEN DULY<br>ATTACHED ASSURANCES IF 1 | AUTHORIZED BY THE                      | ALL DATA IN THIS AP  |  |                         |   |  |
| a. Authorized Representative  |  |  |  |                         |   |  |
| Prefix<br>Mr  | First Name<br>Douglas                  |  |  | Name                    |   |  |
| Last Name<br>Binderup   |  |  | Suffix   |                         |   |  |
| o. Title<br>Chairman, Board of Directors  |  |  | c. Telephone Number (give area code)<br>530-692-2294 |                         |   |  |
| 1. Signature of Authorized Repre  | Signature of Authorized Representative |  |  |                         |   |  |
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| APPLICATION FOR   | _                       | a pare querier            |   | A . I'                       | Version 7/03   |  |
|---|-------------------------|---------------------------|---|------------------------------|--|--|
| FEDERAL ASSISTANCE  |                         | 2. DATE SUBMITTED 1/28/09 |   | Applicant Ide                | Applicant Identifier   |  |
| 1. TYPE OF SUBMISSION: Application  | Pre-application         | 3. DATE RECEIVED BY STATE |   | State Application Identifier |  |  |
| Construction  | ☐ Construction          | 4. DATE RECEIVED BY       | FEDERAL AGENCY  | Federal Ident                | ifier  |  |
| Non-Construction  | Non-Construction        |                           |   |                              |  |  |
| 5. APPLICANT INFORMATION Legal Name:  | <u> </u>                |                           | Organizational Unit                                       |                              |  |  |
| Access Services, Inc. PO Box 7  | 1684 L.A.               |                           | Department:   |                              |  |  |
| Organizational DUNS:  |                         |                           | Division:   |                              |  |  |
| 883300121<br>Address:   |                         |                           | Name and telephone  | a number of ne               | erson to be contacted on matters                                   |  |
| Street:   |                         |                           | involving this applic                                     |                              |  |  |
| PO Box 71684  |                         |                           | Prefix:   | First Name:<br>Gilbert       |  |  |
| City:<br>Los Angeles, CA  |                         | <del></del>               | Middle Name   |                              |  |  |
| County:<br>Los Angeles, CA  |                         |                           | Last Name<br>Garza  |                              |  |  |
| State:<br>CA  | Zip Code<br>90071       |                           | Suffix:   |                              |  |  |
| Country:<br>USA   | 23071                   |                           | Email:  |                              | AP-THIRD CO.   |  |
| 6. EMPLOYER IDENTIFICATION  | N NUMBER (EIN):         |                           | garza@asila.org Phone Number (give a                      | area code)                   | Fax Number (give area code)  |  |
| 95-4489711  | 50 00                   |                           | 213.270.6000  | WE SHIP TO STOUTH ST         | 213.270.6048   |  |
| 8. TYPE OF APPLICATION:   |                         |                           | 7. TYPE OF APPLIC   | ANT: (See bac                | ck of form for Application Types)                                  |  |
| If Revision, enter appropriate lett (See back of form for description         | ter(s) in box(es)       | n Revision                | Other (enerity)   |                              |  |  |
| ·   | or letters.)            |                           | Other (specify)   |                              |  |  |
| Other (specify)   |                         |                           | 9. NAME OF FEDERAL AGENCY: Federal Transit Administration |                              |  |  |
| 10. CATALOG OF FEDERAL I  | DOMESTIC ASSISTANC      | CE NUMBER:                | 11. DESCRIPTIVE TI  | TLE OF APPL                  | ICANT'S PROJECT:   |  |
| TITLE (Name of Program):  |                         |                           |   |                              |  |  |
| 12. AREAS AFFECTED BY PR  | OJECT (Cities, Counties | s, States, etc.):         |   |                              |  |  |
| 13. PROPOSED PROJECT  |                         |                           | 14. CONGRESSION   | AL DISTRICTS                 | OF:  |  |
| Start Date: 7/1/2009  | Ending Date: 6/30/2010  |                           | a. Applicant<br>21-47                                     |                              | b. Project<br>21-47  |  |
| 15. ESTIMATED FUNDING:  | 0/30/2010               |                           | Test in 1900  | SUBJECT TO                   | REVIEW BY STATE EXECUTIVE  |  |
| a. Federal \$   |                         | 00                        | ORDER 12372 PROC  |                              | N/APPLICATION WAS MADE   |  |
|   |                         | 54,400,000                | a. Yes. L AVAILAB   | LE TO THE ST                 | ATE EXECUTIVE ORDER 12372  |  |
| b. Applicant \$   |                         | 3.▼                       | PROCES  | S FOR REVIE                  | WON  |  |
| c. State \$   |                         | .00                       | DATE:   |                              |  |  |
| d. Local \$   |                         | 6,879,667 ·               | b. No. PROGRA   | M IS NOT CO                  | /ERED BY E. O. 12372   |  |
| e. Other \$   |                         |                           | OR PROG<br>FOR REV  |                              | T BEEN SELECTED BY STATE   |  |
| f. Program Income \$  |                         | .00                       |   |                              | NT ON ANY FEDERAL DEBT?  |  |
| g. TOTAL \$   |                         | 61,279,667                | Yes If "Yes" attach                                       | n an explanation             | n. 🗸 No  |  |
| 18. TO THE BEST OF MY KNO<br>DOCUMENT HAS BEEN DULY<br>ATTACHED ASSURANCES IF | AUTHORIZED BY THE       | GOVERNING BODY OF         |   |                              |  |  |
| a. Authorized Representative Prefix   |                         |                           | Middle  | Name                         |  |  |
|   | First Name<br>Gilbert   |                           |   | 1101110                      |  |  |
| Last Name<br>Garza  |                         |                           | Suffix  |                              |  |  |
| b. Title<br>Grants Analyst  |                         |                           | c. Telephone Number (give area code)<br>213.270.6000      |                              |  |  |
| d. Signature of Authorized Representative                                     |                         |                           | e. Date Signed<br>1/28/09                                 |                              |  |  |
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| APPLICATION FOR FEDERAL ASSISTANCE  |   | 2. DATE SUBMITTED  |  | Applicant Ider                          | Applicant Identifier   |  |
|---|---|--|--|---|--|--|
| 1. TYPE OF SUBMISSION:  | January 26, 200  /PE OF SUBMISSION:  3. DATE RECEIVED         |  | STATE  | State Applicat                          | tion Identifier  |  |
| Application   | Pre-application   | 3. DATE RECEIVED BY STATE  |  | State Application Identifier            |  |  |
| ☐ Construction  | ☐ Construction  | 4. DATE RECEIVED BY  | FEDERAL AGENCY   | Federal Identi                          | fier   |  |
| Non-Construction  | Non-Construction  |  |  |   |  |  |
| 5. APPLICANT INFORMATION Legal Name:  |   |  | Organizational Un  | it:                                     |  |  |
| City of Alturas   |   | Committee on the Committee of the Commit | Department:  |   |  |  |
| Organizational DUNS:  | DECI  | ENTED  | Public Works Division:   |   |  |  |
| 15-416-1728<br>Address:   | HEU   | THE NAME OF THE PARTY OF THE PA | Name and telephone number of person to be contacted on matters |   |  |  |
| Street:   | JAN S   | 3 0 2009   | involving this application (give area code)                    |   |  |  |
| 200 W. North Street   | JAIN  |  | Prefix:  | First Name:<br>Chester                  |  |  |
| City:<br>Alturas  | STATE CLE   | ARING HOUSE  | Middle Name  | 01,000.01                               |  |  |
| County:<br>Modoc  |   | and the second s | Last Name<br>Robertson   | (8)                                     |  |  |
| State:  | Zip Code  |  | Suffix:  |   |  |  |
| California Country:   | 96101   |  | Email:   |   |  |  |
| Country: USA  | M MIMPER /FAR   |  | crobertson@cityofa   |   | Ir. N  |  |
| 6. EMPLOYER IDENTIFICATION  | _   |  | Phone Number (give   | e area code)                            | Fax Number (give area code)  |  |
| 94-6000290  |   |  | 530-233-2377   |   | 530-233-3559   |  |
| 8. TYPE OF APPLICATION:   |   | П  | 7. TYPE OF APPLI   | CANT: (See bac                          | k of form for Application Types)                                   |  |
| If Revision, enter appropriate let  | er(s) in box(es)  | n 🔲 Revision   | C. Municipal   |   |  |  |
| (See back of form for description   | of letters.)  |  | Other (specify)  |   |  |  |
| Other (specify)   | 9. NAME OF FEDERAL AGENCY:<br>Federal Aviation Administration |  |  |   |  |  |
| 10. CATALOG OF FEDERAL I  | DOMESTIC ASSISTANC  | E NUMBER:  | 11. DESCRIPTIVE  | TITLE OF APPLI                          | CANT'S PROJECT:  |  |
|   | *   | 20-106   |  | Airport, Alturas, M<br>Assessment (EA): | odoc County, California  |  |
| TITLE (Name of Program): Airport Improvement Program                          |   |  | Land Acquisit  | ion and Avigation                       |  |  |
| 12. AREAS AFFECTED BY PR  | OJECT (Cities, Counties                                       | , States, etc.):   | Runway 13-3  | 1 Extension and 4                       | th Street Relocation   |  |
| City of Alturas, Modoc County,  | California  |  |  |   |  |  |
| 13. PROPOSED PROJECT  | Ending Date:  |  | 14. CONGRESSION  | NAL DISTRICTS                           |  |  |
| Start Date:<br>2009   | Ending Date: 2009   |  | a. Applicant<br>02   |   | b. Project<br>02   |  |
| 15. ESTIMATED FUNDING:  |   |  | 16. IS APPLICATION   |   | REVIEW BY STATE EXECUTIVE  |  |
| a. Federal \$   |   | 149.750  | a Yes THIS P   | REAPPLICATION                           | I/APPLICATION WAS MADE   |  |
| b. Applicant \$   |   | 118,750  | AVAILA   | BLE TO THE STA                          | ATE EXECUTIVE ORDER 12372  |  |
|   |   | 3,281  |  |   |  |  |
| c. State \$   |   | 2,969  | DATE:  | January 27, 2009                        | ,  |  |
| d. Local \$   |   | 0  | b. No. 🏻 PROGF   | RAM IS NOT COV                          | ERED BY E. O. 12372  |  |
| e. Other \$   |   | 0 .  |  |   | T BEEN SELECTED BY STATE   |  |
| f. Program Income \$  |   | 0 .  | 17. IS THE APPLIC  |   | NT ON ANY FEDERAL DEBT?  |  |
| g. TOTAL \$   |   | 125,000  | Yes If "Yes" atta  |   |  |  |
| 18. TO THE BEST OF MY KNO<br>DOCUMENT HAS BEEN DULY<br>ATTACHED ASSURANCES IF | AUTHORIZED BY THE   | GOVERNING BODY OF  |  |   |  |  |
| a. Authorized Representative Prefix   | First Name  | -  | Midd   | le Name                                 |  |  |
| Prefix Mr.  Last Name   | First Name<br>Chester   |  | Suffi  |   |  |  |
| Robertson   |   |  |  |   |  |  |
| b. Title Director of Public Works   |   |  | c. Telephone Number (give area code)<br>(530) 233-2377         |   |  |  |
| d. Signature of Authorized Repre  | Lehta   | e. Date Signed 01/27/09  |  |   |  |  |
| Previous Edition Usable<br>Authorized for Local Reproductio                   |   | /  |  | 7                                       | Standard Form 424 (Rev.9-2003)<br>Prescribed by OMB Circular A-102 |  |

| APPLICATION FOR  |                       |  | O DATE OUDWITTED   |  | A south a sout tales   | Version 7/03  |  |  |
|--|-----------------------|--|--|--|--|---|--|--|
| FEDERAL ASSISTANCE   |                       | 2. DATE SUBMITTED<br>January 26, 2009  |  | Applicant ider   | Applicant Identifier   |   |  |  |
| 1. TYPE OF SUBMISSION: Application                                 | Pre-applic            | 3. DATE RECEIVED BY  |  | Y STATE  | State Application Identifier                                   |   |  |  |
| Construction   | Constr                |  | 4. DATE RECEIVED BY FEDERAL AGE  |  | CY Federal Identi  | fier  |  |  |
| Non-Construction   |                       | nstruction   |  |  |  |   |  |  |
| 5. APPLICANT INFORMATION Legal Name:                               |                       |  | <del></del>  | Organizational L   | Init:  |   |  |  |
| City of Alturas  |                       |  |  | Department:  |  |   |  |  |
| Organizational DUNS:   | les.                  | Commence of the second  |  | Public Works Division:   |  |   |  |  |
| 15-416-1728  | 15-416-1728 DECEMENT  |  |  | Name and telephone number of person to be contacted on matters |  |   |  |  |
| Address:<br>Street:  |                       | N B B  |  |  | none number of pe<br>oplication (give are                      |   |  |  |
| 200 W. North Street  | North Street JAN      |  | 3 0 2009 Prefix:   |  | First Name:<br>Chester   |   |  |  |
| City:<br>Alturas   |                       |  |  | Middle Name  |  |   |  |  |
| County:  |                       | STATE CI   | EARING HOUSE Last Name   |  |  | -   |  |  |
| Modoc<br>State:  | Zip Code              | THE RESIDENCE OF THE PERSON OF | CHECK TO SEE STATE STATE OF THE SECOND STATE O | Robertson<br>Suffix:   | Robertson  |   |  |  |
| California   | 96101                 |  | - market   |  | _  |   |  |  |
| Country:<br>USA  |                       |  |  | Email:<br>crobertson@cityofalturas.org                         |  |   |  |  |
| 6. EMPLOYER IDENTIFICATIO  | N NUMBER              | R (EIN):   |  | Phone Number (g  | ive area code)   | Fax Number (give area code)                         |  |  |
| 94-6000290   |                       |  |  | 530-233-2377   |  | 530-233-3559  |  |  |
| 8. TYPE OF APPLICATION:  | -                     |  |  | 7. TYPE OF APP   | 7. TYPE OF APPLICANT: (See back of form for Application Types) |   |  |  |
| If Revision, enter appropriate lette                               |                       | Continuation   | n Revision   | C. Municipal   |  |   |  |  |
| (See back of form for description                                  |                       | (63)   |  | Other (specify)  |  |   |  |  |
| Other (specify)  |                       |  |  | 9. NAME OF FED   | NAME OF FEDERAL AGENCY:  |   |  |  |
|  |                       |  |  | Federal Aviation   |  | OANTIO DEOLECT                                      |  |  |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:                 |                       |  |  |  |  | CANT'S PROJECT:<br>odoc County, California          |  |  |
| TITLE (Name of Program):   |                       |  | 2 0 - 1 0 6  | Extension of V   | Water Lines and Fire   | e Hydrant   |  |  |
| Airport Improvement Program  |                       |  |  | Reseal Joints  | in Runway, Taxiwa  | y, and Apron Pavements                              |  |  |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):    |                       |  |  |  |  |   |  |  |
| City of Alturas, Modoc County, C                                   | *                     |  | 44.00  | ALL DISTRICTS  |  |   |  |  |
| 13. PROPOSED PROJECT Start Date: Ending Date:                      |                       |  | a. Applicant   | ONAL DISTRICTS   | b. Project   |   |  |  |
| 2009 2009  |                       |  | 02   |  | 02   |   |  |  |
| 15. ESTIMATED FUNDING:   |                       |  |  | ORDER 12372 PF   | ROCESS?  | REVIEW BY STATE EXECUTIVE                           |  |  |
| a. Federal \$  |                       |  | 493,050  |  |  | N/APPLICATION WAS MADE<br>ATE EXECUTIVE ORDER 12372 |  |  |
| b. Applicant \$  |                       |  | 13,624   | _  | CESS FOR REVIE   |   |  |  |
| c. State \$  |                       |  | 12,326   | DATE   | E: January 27, 2009  | 9   |  |  |
| d. Local \$  | _                     |  | 0 .  | b. No. In PRO  | GRAM IS NOT COV  | /ERED BY E. O. 12372                                |  |  |
| e. Other \$  |                       |  | 0 .  | ☐ OR P   |  | T BEEN SELECTED BY STATE                            |  |  |
| f. Program Income \$   |                       |  | 00   |  | REVIEW<br>ICANT DELINQUE                                       | NT ON ANY FEDERAL DEBT?                             |  |  |
| g. TOTAL \$  |                       |  | O ,  | _  |  |   |  |  |
| 18. TO THE BEST OF MY KNO  | WI EDGE /             | ND DELIEE  | 519,000 ·  |  | ttach an explanation   | 7500 8 7500   |  |  |
| DOCUMENT HAS BEEN DULY   |                       |  |  |  |  |   |  |  |
| a. Authorized Representative                                       | THE ASSIS             | TANCE IS A   | WARDED.  |  | -  |   |  |  |
| Prefix Mr.   | First Name<br>Chester | 9  | -  | Mi   | ddle Name  | -   |  |  |
| Last Name<br>Robertson   |                       |  |  | Suffix   |  |   |  |  |
| b. Title   |                       |  |  | c.   | c. Telephone Number (give area code)                           |   |  |  |
| Director of Public Works d. Signature of Authorized Representative |                       |  |  | (530) 233-2377<br>e. Date Signed                               |  |   |  |  |
| Previous Edition Usable  |                       |  |  | 0.   | 01   | <b>27/09</b> Standard Form 424 (Rev.9-2003)         |  |  |
| Authorized for Local Reproductio                                   | n                     | _  | ,  |  | •  | Prescribed by OMB Circular A-102                    |  |  |